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October 25, 2011

Via Hand Delivery

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services Development
SC DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204



***Re: Establishment of a home health agency restricted to serve Beaufort County
SJC Home Health Services – Lowcountry, Bluffton, South Carolina***

Dear Ms. Brandt:

On behalf of SJC Home Health Services – Lowcountry, and per your instructions following the October 11, 2011 Project Review Meeting, enclosed please find additional information from Mark Richardson of Richardson/Knapp & Associates for the Department's consideration.

Should you have any questions or need any additional information, please do not hesitate to contact me.

With best regards, I am

Very truly yours,

Andrea H. Brisbin

cc: William Carr
John Salandi

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October 25, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services Development
S.C. Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, South Carolina 29204



**RE: SJC HOME HEALTH SERVICES – LOWCOUNTRY
CON APPLICATION TO ESTABLISH A HOME HEALTH AGENCY TO
SERVICE BEAUFORT COUNTY, S.C. (“PROPOSED PROJECT”)**

Dear Ms. Brandt:

As a follow-up to the October 11, 2011 Project Review Meeting held on this Proposed Project, below please find additional comments and information in support of the approval of the SJC Home Health Services – Lowcountry (SJCHH) CON application. For ease of review, this information has been organized around the project review criteria identified in the Department’s letter deeming SJCHH’s application complete.

As a preliminary comment, upon review of all of the applications and the applicants’ Project Review presentations, I believe that the Department is faced with the decision of whether to add yet another national or regional, for-profit chain home health agency to meet the unmet needs of all Beaufort County residents – both Medicare and non-Medicare participating patients alike – or to select a true not-for-profit community provider which has served the health care needs of Beaufort County for over 200 years and which has a superior track record of providing high quality home health services in the Low Country Region for three decades. Given the significant corporate and cultural differences between SJCHH and all of the remaining for-profit / corporate applicants, I believe that SJCHH clearly is the superior choice to meet and exceed the needs of Beaufort County residents.

**I. SJCHH IS THE BEST APPLICANT TO MEET THE HOME HEALTH CARE
NEEDS OF ALL BEAUFORT COUNTY RESIDENTS.**

The Department identified the following project review criteria that will be considered more important in reviewing the applications:

Compliance with Need as outlined in the *2010-2011 South Carolina Health Plan*

Community Need 2a: The target population should be clearly identified as to the size, location, distribution, and socioeconomic status (if applicable).

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Community Need 2b: Projections of anticipated population changes should be reasonable and based upon accepted demographic or statistical methodologies, with assumptions and methodologies clearly presented in the application. The applicant must use population statistics consistent with those generated by the state demographer, State Budget and Control Board.

Community Need 2c: The Proposed Project should provide services that meet an identified documented need of the target population. The assumptions and methods used to determine the level of need should be specified in the application and based on a reasonable approach as judged by the reviewing body. Any deviation from the population projection used in the State Health Plan should be explained.

Community Need 2e: Current and/or projected utilization should be sufficient to justify the expansion or implementation of the proposed service.

During the Project Review Meeting, Department staff asked each applicant's representatives to provide their thoughts as to why there exists real and perceived underutilization of home health services in Beaufort County and how SJCHH would resolve this issue. As I advised the Department during the meeting, there are several primary reasons driving underutilization. First, Beaufort County, in reality, has only four full-service HHA's. The remaining four HHA's have restricted licenses that limit their provision of services to certain retirement community populations, the terminally ill, or specific specialties, e.g., obstetrics. Second, out of the four full-service HHA's, two are owned by for-profit Amedisys, which controls over ½ of Beaufort County's total home health volume, and which recently has come under federal government scrutiny for its utilization practices designed primarily to maximize reimbursement instead of appropriately responding to patient needs. Another full-service HHA, Beaufort-Jasper Home Health Agency, is operated by a community-based organization with limited resources to provide high volumes of care. See **Exhibit (1-A)**.

Regarding how SJCHH would resolve this issue, comments presented during the Project Review Meeting by Mr. Paul Hinchey, President and CEO of St. Joseph's/Candler Health System ("SJ/C Health System"), best addressed the Department's question. As Mr. Hinchey stated, the SJ/C Health System's two decades of experience with providing care *in* Beaufort County, as well as its long history of providing care to Beaufort County residents, equips SJCHH with a local knowledge of market nuances and dynamics that will allow SJCHH to quickly and successfully expand into the home health marketplace and bring needed services to the community. In addition, SJCHH is the only not-for-profit applicant and thus has the organizational and financial business model that supports the provision of home health care to all patients in all service sectors, regardless of service profitability or patient financial resources.

A. SJCHH's projected utilization is reasonable and the most supportable.

Both statistically and anecdotally, SJCHH is the applicant that most credibly projects supportable utilization.

- Statistically, SJCHH fully meets the *Health Plan's* projected need of 101 patients for 2011 and will meet the local Beaufort County needs through at least the first three years of operation. Volume forecasts reflect that SJCHH will serve 185 patients in Year 1, 288 patients in Year 2, and 390 patients in Year 3.

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- In addition, in its CON application, SJCHH presented to the Department a detailed analysis of the need for the Proposed Project, including analyses of demographic trends, market size forecasts, existing provider analyses, and an assessment of potential adverse impact which concluded that even with the Proposed Project, existing providers could retain current volume levels.
- SJCHH's application further contains a detailed projection of how patients and referral sources would be educated as to the new home health service and how the proposed volume forecasts would be achieved.
- Anecdotally, SJCHH has presented to the Department, in both its CON application and during the Project Review Meeting, its long history of experience working within the Beaufort County health care systems and community. Unlike other applicants who have only dabbled in providing health care in Beaufort County or who have no prior experience with the County, SJCHH's experience supports a reality-based projection of volume forecasts.
- SJCHH is the only applicant with extensive experience in providing home health care in a coastal / island geographic environment (*i.e.*, coastal Georgia counties from the South Carolina border to the Florida border). Thus, SJCHH's history of serving these communities most realistically supports its proposal to provide care to residents in all areas of Beaufort County from one centralized location instead of from multiple, unnecessarily costly and duplicative locations.
- Conversely, the overly aggressive volume forecasts made by Gentiva (281 YR1 – 505 YR3), UHS - Pruitt (472 YR3), Interim (475 YR 3) and Tri-County (459 YR3) are unachievable on their face. None of these applicants has an existing infrastructure equivalent to the St. Joseph's/Candler Health System to support this steep rise in patient utilization. Moreover, if these projections are accurate, these applicants are likely to have an adverse impact on existing home health agencies in Beaufort County.
- Likewise, weak volume forecasts projected by Community Health and NHC demonstrate that these applicants neither have the intention nor the capability of meeting the County needs in foreseeable future.

B. SJCHH is the only applicant with the existing and established infrastructure needed to immediately satisfy the unmet home health care needs of Beaufort County residents.

SJCHH's decision to file the first CON application immediately after the DHEC Board adopted the *2010-2011 Health Plan* was not a knee-jerk reaction from national corporate headquarters to pluck off the Medicare-rich Beaufort County population to add to its portfolio. Instead, the decision to pursue the Proposed Project was a deliberate, measured step to facilitate organic growth of the home health services provided by SJCHH into an area already served by the SJ/C Health System.¹

¹ As presented during the Project Review Meeting, in 2010 SJCHH provided over 50,000 home health visits to patients in adjacent Chatham County and other contiguous counties in the southeast Georgia region.

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SJCHH is the only applicant that is part of an organization with a significant history of serving Beaufort County. As presented during the Project Review Meeting, SJ/C Health System hospitals have been serving the Low County Region for over 200 years, and Beaufort County is part of the SJ/C Health System's primary service area. Recent statistics presented to the Department, and set forth below, reinforce this history of service:

- SJ/C System hospitals discharge approximately 900 Beaufort County residents annually, about 11% of whom are eligible for home health services upon discharge.
- SJ/C System facilities and services in Georgia provide over 4,000 additional outpatient treatments per year to Beaufort County residents.
- SJ/C System facilities and services located in Beaufort County provide over 27,000 outpatient treatments annually.

See **Exhibit (1-B)**.

2. SJCHH will be supported by established facilities and services in Beaufort County.

SJ/C Health System further has made significant investments in Beaufort County to provide a broad range of facilities and services within the System's full continuum of care, and SJCHH is the only applicant that is part of an organization with a significant *existing* presence in Beaufort County. Thus, SJCHH has the best platform from which to expand its superior quality home health services into Beaufort County.

APPLICANT	AFFILIATED FACILITIES & SERVICES LOCATED IN BEAUFORT COUNTY
Community Health, Inc.	<i>None</i>
NHC HomeCare, Beaufort	Nursing Home Hospice Program
Gentiva Home Health	<i>None</i>
Tri-County Home Health	Hospice Program Medi-Home Care (DME supplier)
Liberty Home Care	<i>None</i>
Interim HealthCare	Private Duty Nursing
United Home Care	Hospice Program
SJCHH: 10 years of investment in Beaufort County	Lewis Cancer & Research Pavilion Center for Hyperbarics & Wound Care St. Joseph's/Candler Imaging Center St. Joseph's/Candler Physical Therapy** St. Joseph's/Candler Physician Specialty Center SJ/C Medical Group – Bluffton**

** Services initiated in 2001.

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Finally, SJCHH also has the greatest incentive to **remain** in Beaufort County and provide broad comprehensive home health services to all segments of the community because of the fundamental mission and commitment of the local SJ/C Health System to Beaufort County. By contrast, decisions made in national corporate offices – such as those of Gentiva, NHC, UHS, and MSA – to limit services or populations served or to close an agency can be made without significant repercussions from the community.²

3. SJCHH is the best applicant to provide Beaufort County residents with immediate access to specialized home health care.

A review of all of the applications reflects that each applicant proposes to provide at least the traditional scope of home health care services. Some applicants, including SJCHH, have proposed to offer additional specialized services. However, SJCHH, as part of the SJ/C Health System full continuum of care, is the best applicant to provide Beaufort County patients with immediate access to a full range of specialized care. SJCHH already has in place existing relationships with physicians and ancillary providers in Beaufort County, including the nine specialists who provide services in SJ/C Health System's specialty clinics in Bluffton and Moss Creek, *see Exhibit (1-B)*, who provide superior specialized care. Moreover, SJCHH will provide a full array of specialty home health services using its existing services in Beaufort County, its existing comprehensive mix of specialty services available in Savannah, and its established home health operations in bordering Georgia. In short, SJCHH currently offers all of the identified services and has the specialty and clinical support for these services already in place and available within the SJ/C Health System. As stated by one local internal medicine physician:

I have dealt with Candler [&] St. Joe's for years. In my opinion, they are the top hospital in the area. They are backed up by every known sub-specialty. . . . I welcome their expertise and their home health care department.

Letter of Support from Paul M. Long, M.D., Heritage Medical Partners [SJCHH Application, Bates No. 613].

By contrast, other applicants, such as Gentiva, will not commit to providing a broad range of specialty services and will not provide other specialized care immediately. Gentiva further proposes to provide select specialties of care not locally, but “through numerous agencies located throughout the US.” Moreover, Gentiva states that it will wait to provide Beaufort County patients with cardiopulmonary specialized care until Year 2 of operations. Finally, Gentiva

² To that end, during the Project Review Meeting, the Department aptly questioned Tri-County's commitment to remaining at the three locations from which it proposes to operate the agencies, as Tri-County's initial submissions reflected that the proposed office space leases for 2 of the 3 locations are for only 1-year terms. *See Exhibit E to Tri-County's August 10, 2011 submission to the Department.*

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merely represents, without commitment, that “[o]ther specialty programs will be added over time based on market needs.” See Gentiva Beaufort Application, Part B(2), at pp. 6-7.

**II. THE ST. JOSEPH’S/CANDLER HEALTH SYSTEM ALREADY IS AN
ACCEPTED AND RESPECTED PROVIDER OF HEALTH CARE SERVICES
FOR BEAUFORT COUNTY RESIDENTS.**

The Department identified the following additional project review criteria that will be considered more important in reviewing the applications:

Acceptability 4a: The proposal and applicant should have the support of ‘affected persons’ (including local providers and the target population). The lack of opposition should not be considered support for the purposes of these criteria.

Acceptability 4b: Where documented opposition exists to a proposal, such opposition will be considered along with the application.

For over three decades, SJCHH has been dedicated to the provision of high quality home health services, with home health care a key component in the full continuum of care provided by the SJ/C Health System. Support letters from members of the community and physicians alike recognize the SJ/C Health System as the superior provider of health services to Beaufort County residents. Thus, as part of this Health System, SJCHH likewise will enjoy the Beaufort County community’s acceptance as an excellent choice for home health care.

A. SJCHH will expand and diversify patient choices for home health care providers.

By approving SJCHH’s application, the Department will facilitate the expansion of patient choice in two primary ways. First, SJCHH will offer existing patients within the SJ/C System the choice of remaining within the System when requiring home health services in Beaufort County. As Dee Dee Seagraves, the Discharge Planning Director at SJ/C System, advised the Department in her letter of support for SJCHH’s application, “[many Beaufort County] patients, who sought inpatient care with St. Joseph’s/Candler, would prefer to remain within the Health System upon discharge to home health care. However, *we currently are unable to honor this choice . . .*” Second, SJCHH will diversify the choices for non-SJ/C System patients by offering home health services within a full continuum of primary and specialized care provided by the entire System.

By contrast, the other applicants propose for the Department to approve yet another national or regional, for-profit home health agency to serve Beaufort County. These applicants have little incentive to provide comprehensive and integrated health services beyond basic, traditional home health services or services which will maximize financial return. In addition, for those applicants proposing to provide more specialized care, they either are non-committal, *e.g.*, Gentiva, or are limited to *developing* new relationships with local specialists or providers.

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Some applicants, such as Gentiva and Tri-County, have suggested that the Department should negatively view SJCHH's affiliation with the St. Joseph's/Candler Health System hospitals because Beaufort County patients being discharged from those hospitals will be "steered" to SJCHH. The Department should disregard this suggestion, as it essentially alleges that SJ/C Health System hospitals will violate the Medicare Conditions of Participation governing the selection of home health agencies for discharged patients.³

Likewise, other hospitals that discharge Beaufort County residents, such as Hilton Head Hospital and Beaufort Memorial Hospital, must abide by these same guidelines and therefore cannot "steer" a patient away from SJCHH. Thus, the selection of SJCHH by Beaufort County residents will be the result of patient and physician preference, not improper influence from hospitals during the discharge planning process.

SJCHH's Brunswick Division agency provides empirical evidence supporting SJCHH's and the Health System's deference towards patient and physician preference. SJCHH's Brunswick Division agency is located in Glynn County which – similar to Beaufort County – is a significant distance from SJ/C Health System hospitals and which is home to a competing hospital system. For fiscal year 2011, the majority of patient referrals to the SJCHH Brunswick Division agency were from sources *other than* SJ/C Health System hospitals. See **Exhibit (2)** (showing that all hospital referrals, including SJ/C Health System hospital referrals, comprised only 37% of agency referrals, while physician referrals comprised 52% of the agency's referral volume).

B. As part of an existing, trusted health care system in the Beaufort County community, SJCHH enjoys the support of physicians who care for Beaufort County patients.

In support of SJCHH's application, the Department has received over 80 exclusive letters of support from providers who serve Beaufort County patients and from Beaufort County residents themselves. These letters provide the most qualitative support for SJCHH's selection as the new home health provider in Beaufort County.

Many competing applicants have submitted numerous letters of support from physicians and health care facilities. However, what is notable about this long list of providers indicating

³ Specifically, federal Medicare regulations require that, upon discharge of a patient, a hospital: (1) must document that a list of Medicare-participating HHA's available in the geographical service area where the patient resides was presented to the patient or his/her designee; (2) must inform the patient or the patient's family of their freedom to choose among participating Medicare providers of post-hospital care services and must, when possible, respect patient and family preferences; (3) must not specify or otherwise limit the qualified providers that are available to the patient; and (4) must disclose any financial interest that an HHA has in a hospital under applicable Medicare standards. 42 C.F.R. §482.43(c)(6) – (8).

Tri-County further cannot credibly make this suggestion while simultaneously boasting that it is the "exclusive preferred" home health agency of Lexington Medical Center in Lexington County. Tri-County Beaufort CON Application, Part B(2) [Bates No. 0012].

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support is that many of these physicians / providers have submitted letters of support for *multiple applicants*. For example:

- During the Project Review Meeting, Gentiva boasted that it is the only applicant with letters of support from Beaufort County hospitals, *i.e.*, Hilton Head Hospital and Beaufort Memorial Hospital. However, Hilton Head Hospital also submitted a letter of support for Tri-County.
- Gentiva further boasted a letter of support from Trident Medical Center in Charleston County. However, ORS data show that the majority of Beaufort County residents who migrate out to Charleston County for inpatient care obtain such care from MUSC.
- Almost half of Gentiva's support letters are from individuals or entities that also submitted support letters for United, Interim and/or Tri-County.
- Approximately 1/3 of the small number of support letters submitted for NHC and Liberty, and 1/4 of the letters submitted for Tri-County, were from individuals who submitted letters on behalf of other applicants.
- Over 10% of the letters submitted in support of UHS and Interim were from individuals who also submitted letters for other applicants.

What these statistics demonstrate is that most providers serving Beaufort County believe that another home health agency is needed but do not have a specific preference for which of these generic, national or regional providers should be selected. By and large, none of the other applicants has any significant ties with Beaufort County and therefore are relatively unknown by the provider community.

By contrast, providers serving Beaufort County know, trust and respect the SJ/C System and therefore will support SJCHH as an additional component of the continuum of care provided by the System to Beaufort County residents. As one local bank officer stated in his letter of support:

St. Joseph's/Candler's hospitals are preferred as the hospitals for Beaufort County residents to obtain quality care. Likewise, should I find the need to have home health care provided to me or a loved one, I would prefer a home health service provided by St. Joseph's/Candler.

Letter of Support from Todd Hoke, Chief Credit Officer, Atlantic Community Bank. Moreover, SJCHH enjoys a 90% physician satisfaction rate, *see Exhibit (3)*, and expects to maintain that satisfaction when providing care to Beaufort county residents.

**III. SJCHH IS THE BEST APPLICANT TO PROVIDE AND INCREASE
ACCESSIBILITY TO HOME HEALTH CARE FOR BEAUFORT COUNTY
RESIDENTS.**

The Department identified the following additional project review criteria that will be considered more important in reviewing the applications:

Distribution (Accessibility) 3a: Duplication and modernization of services must be justified. Unnecessary duplication of services and unnecessary modernization of services will not be approved.

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Distribution (Accessibility) 3b: The proposed service should be located so that it may serve medically underserved areas (or an underserved population segment) and should not unnecessarily duplicate existing services or facilities in the proposed service area.

Distribution (Accessibility) 3c: The location of the proposed service should allow for the delivery of necessary support services in an acceptable period of time and at a reasonable cost.

Distribution (Accessibility) 3d: The proposed facility should not restrict admissions. If any restrictions are applied, their nature should be clearly explained.

Distribution (Accessibility) 3f: The applicant should address the extent to which all residents of the area, and in particular low income persons, racial and ethnic minorities, women, the elderly, handicapped persons, and other medically underserved groups, are likely to have access to those services being proposed.

A. Patient Admission and Access

SJCHH currently operates Medicare-certified home health agencies and intends to operate one in Beaufort County upon approval by the Department. Therefore, SJCHH at a minimum will abide by all Medicare requirements regarding patient admission and access. For example, as a Condition of Participation in the Medicare Program, SJCHH must conduct an initial assessment visit to the patient's residence (1) within 48 hours after SJCHH receives the referral, (2) within 48 hours after the patient returns to his or her residence, or (3) on the start of care date ordered by the patient's physician. 42 C.F.R. §484.55(a)(1). As a general practice, SJCHH's patients will receive his or her first clinical visit on the same day as the admission visit.

It is important to note that SJCHH will begin serving patients immediately upon licensure regardless of whether it will receive reimbursement for that care. Specifically, a minimum of ten (10) unduplicated patients must be served before either CMS or The Joint Commission will conduct a certification survey of SJCHH, and therefore SJCHH does not expect to receive Medicare reimbursement prior to its certification. Tri-County has suggested to the Department that because it has obtained a "system-wide" accreditation from The Joint Commission, it has an advantage over SJCHH and the other applicants in this CON process. However, to the extent that Tri-County is correct that it would be Medicare-certified upon initiation of services in Beaufort County without waiting for a certification survey, this is irrelevant to the issue of whether or not Tri-County will provide Beaufort County residents with immediate access to home health care.⁴

⁴ The Department further must note that it is difficult to discern from Tri-County's CON application and submissions as to whether or not it intends to establish a new agency or a "branch office" under the license of an existing agency. For example, in Part B(7) of its application, Tri-County indicates that it will "amend" its existing license upon receiving the Beaufort County CON. If Tri-County merely intends to add three "branch offices" in Beaufort County, the Department must note that these branches will not need to independently meet all Medicare Conditions of Participation. In addition, these locations may only qualify as "branch offices" if they are "located sufficiently close [to the parent agency] to share administration, supervision, and services in a manner that renders it unnecessary for the branch independently to meet the conditions of participation as a home health agency." 42 C.F.R. 484.2; S.C. Code Ann. §44-69-20(2). As Tri-County currently serves only Lexington, Richland, Saluda, and Sumter Counties, and will be serving Aiken County, it is difficult to conclude that Beaufort County offices would qualify as branch offices.

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B. Geography of Office Location

1. Home health agencies are not health care facilities and therefore location is largely irrelevant.

In attempts to distinguish themselves from the pack of national or regional chain applicants, some applicants have identified the geographic location of the proposed home health agency as a critical criterion for the Department to consider in evaluating the Proposed Projects. As SJCHH has consistently maintained throughout this process, while the proposed Bluffton office location is an appropriate location to serve the entire county, this is a largely irrelevant measurement of an applicant's ability to satisfy the unmet needs of Beaufort County patients and unnecessarily distracts the Department and the applicants from addressing the true merits of the applications submitted. It is worth noting that four of the eight applicants, including SJCHH, have identified Bluffton as a reasonable administrative site and a fifth applicant (Gentiva), has identified Okatie, adjacent to Bluffton in Jasper County, as its sole administrative site for its proposed agency.

As the Department is well aware, a home health agency is *not* a health care facility to where patients must travel to obtain care. By its very nature, home health care is provided in a patient's residence by clinical staff dispatched, typically from their residence via telephone and/or electronic communications, by staff working in the agency's administrative office. Thus, traffic patterns and travel distances and times are relevant primarily with respect to a clinical staff member's travel to a patient's residence from his or her home or from the prior home visit, *not* from the office physical location. Standard practices within the home health industry dictate that clinical staff members do not need to travel *from* a home health agency's administrative office *to* the patient's residence. Instead, SJCHH utilizes technologies and practices that only infrequently require a clinical staff member to be physically housed and dispatched from a HHA administrative office. Thus, *the location of a HHA administrative office has a minimal, if any, impact on clinical staff's ability to reach home health patients throughout a geographic area.*

As stated in its application and during the Project Review Meeting, SJCHH intends to utilize its current, successful home health care practices to maximize efficiencies and assist caregivers with reaching home health patients living throughout the County. Specifically:

- SJCHH's hiring practices include identifying and hiring clinical staff residing in all portions of the geographic area to be served, including remote / island areas. *See, e.g., Exhibit (4).*
- SJCHH's established patient care and scheduling technologies allow clinical staff to receive, at their home, electronic schedules and patient care tasks to be performed daily. Therefore, clinical staff are not routinely required to travel to the administrative office prior to commencing their daily schedules. *See, e.g., Exhibit (5).*
- SJCHH's already established and deployed patient management and patient health information technologies allow clinical staff to access a "virtual office" from their lap top computers no matter where a patient may reside.

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- SJCHH's existing employment of *well@home* allows the patient to directly participate in the "telemanagement" of his or her care. See **Exhibit (6)** (WTOC 11 television news clip).
- SJCHH's scheduling practices include the goal of assigning patients in a particular geographic area to a dedicated caregiver located in that general area and scheduling visits close together to maximize traveling efficiencies. See, e.g., **Exhibit (5)**.

To the extent that other applicants insist that travel distances and times are a critical component of the Department's review, the Department must call into question the investment that those applicants have made in the technologies and practices identified by SJCHH above, and the efficacy of those technologies and practices. As many other successful agencies have demonstrated in the past, including SJCHH, effective technologies and practices negate any need to invest significant costs and resources into multiple administrative office locations.⁵

2. Beaufort County's "unique" geography is similar to the coastal counties already served by SJCHH.

Much ado has been made about Beaufort County's waterways and access to patients living on islands – and the alleged access problems that this will create with providing home health care services throughout the County. This too is an irrelevant issue for SJCHH. For three decades, three SJCHH agencies (with three administrative office locations) have served, successfully and with distinction, 11 counties in southeastern Georgia, 6 of which are located on the coast of Georgia with similar geography as is observed in Beaufort County. Please see **Exhibit (7)** for a map depicting this coastal area home health care coverage provided by SJCHH. As enumerated above, SJCHH has established the operations and implemented the technology to treat all home health patients in this coastal Georgia area – regardless of rivers / bridges / islands – and will utilize these same proven operations to treat all of the Beaufort County residents, regardless of where they located.

3. Tri-County's claim that three office locations are necessary is inconsistent with positions it has asserted to the Department in the past.

Tri-County essentially claims that a single home health agency office in Bluffton is insufficient to serve all patients in Beaufort County. However, the distances between SJCHH's proposed location in Bluffton and the furthest points in the County, such as Yemassee and Fripp Island, are roughly 50 miles. See **Exhibit (8)**. In 2009, when Tri-County applied for a CON to establish a new home health agency in Aiken County, it asserted the following in its application:

⁵ To the extent that the Department does consider the geographic location of a HHA's administrative office to be relevant to an applicant's ability to serve all patients in the service area, it is worth emphasizing that approximately two out of every three home health patients in Beaufort County reside south of Broad River. It therefore is not surprising that virtually all of the applicants propose to establish agencies in that same area.

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Tri-County is proposing to provide home health services to all of Aiken County. Home health services are not classified by DHEC as a "facility"; thus, there is no project "site." Tri-County currently has an office located [in] Batesburg, SC, [which] can serve all of Aiken County since it is within 50 miles of the farthest point in Aiken County. When the proposed CON is issued, Tri-County will open an office in Aiken [merely] to create a significant presence in the county."

Exhibit (9), Tri-County Aiken CON Application, Part B(4) [Tri-County Aiken Application, Bates No. 000011]. Tri-County made this assertion with respect to Aiken County, which encompasses a land area of 1,072 square miles, while claiming that Beaufort County, which has a land mass of only 587 square miles, requires three geographic locations.

4. Tri-County's proposal for three locations will result in an unnecessary duplication of offices, project and start-up costs and future fixed costs.

Tri-County is proposing to start up and operate three full-service locations in Beaufort County. The Department should reject this proposal as inconsistent with the stated purposes of the CON statute, namely, cost containment and to prevent the unnecessary duplication of facilities and services. Tri-County's proposal further violates the project review criteria requiring efficiencies and financial feasibility, especially in that, as explained below, Tri-County's project and start-up cost estimates are not credible. Finally, and importantly, Tri-County's proposal contradicts the practices it currently employs in other parts of the South Carolina.

- The project and start-up costs quoted by Tri-County are not credible in light of the estimates provided by other applicants for the establishment of a single office location. The estimated project costs submitted by other applicants for a single administrative office range from \$34,000 (UHS) to \$264,000 (Gentiva). Four of the eight applicants, including SJCHH, have estimated total project costs in the \$70,000-\$80,000 for *one* location. By comparison, Tri-County's estimate of \$73,000 for three full-service locations – or approximately \$24,000 per location – is unrealistic.
- Tri-County's total project cost estimate of \$73,000 for three full-service locations also is not credible in light of its projected total project costs to operate a single location in Aiken County. In its 2009 Aiken County CON application, Tri-County projected a total project cost of \$77,000 for *one* office location. **Exhibit (9)**, Tri-County Aiken CON Application, Part B(3) [Tri-County Aiken Application, Bates No. 000010]. In addition, the number of patients that Tri-County projected to be served in Aiken County was approximately half of the number of Beaufort County patients projected by Tri-County.

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IV. SJCHH IS THE SUPERIOR APPLICANT TO IDENTIFY THE MEDICALLY UNDERSERVED RESIDENTS OF BEAUFORT COUNTY AND TO INCREASE THEIR ACCESS TO HOME HEALTH SERVICES.

The Department identified the following additional project review criteria that will be considered more important in reviewing the applications:

- | | |
|----------------------------------|---|
| Medically Underserved Groups 31a | The applicant should address the contribution of the proposed service in meeting the health needs of members of medically underserved groups which have traditionally experienced difficulties in obtaining equal access to health services (e.g., low income persons, racial and ethnic minorities, women, the elderly and handicapped persons), particularly those needs identified in the applicable State Health Plan as deserving of priority. |
| Medically Underserved Groups 31d | Consideration should be given to the extent to which Medicare, Medicaid, and medically indigent patients are served by the applicant. |

A. SJCHH is the Only Not-For-Profit Applicant With a Proven Track Record of Providing Care to Everyone, Including Medicaid, Indigent and Underserved Populations.

Without question, SJCHH, as an integral component of the SJ/C Health System continuum of care, is the most qualified applicant to expand access to care for the medically underserved population of Beaufort County.

- SJ/C Health System has a 200+ year track record of providing care to all segments of the local community, including Beaufort County, and has focused on improving the health of all segments of the community it serves. *See Exhibit (10)* (video recording).
- SJ/C Health System has an established system of *proactively* working with medically underserved groups – including patients with limited financial resources and racial and ethnic minority groups – to determine community health care gaps and provide the resources necessary to resolve disparities.
- SJCHH utilizes effective communication policies and materials for non-English speaking populations in its service areas. *See Exhibit (11)*.
- SJ/C Health System provided more than \$50 million in community benefits and community assistance during 2010, with more than \$9 million of charity care provided and \$3 million of total community benefits directly focused on providing community-focused health care services to enhance the health care of the communities it serves.
- Thus, SJCHH offers the most *empirical* support for its assertions that it will identify and serve all patients in Beaufort County and increase utilization of medically underserved populations.

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B. SJCHH is the most likely applicant to go beyond the statutory requirement to treat all home health patients regardless of financial resources or the ability to pay.

As a condition of licensure, a South Carolina home health agency is obligated to serve all patients regardless of ability to pay and is prohibited from “discrimination based on age, sex, race, color, or source of payment in the recruitment, location of patient, acceptance or provision of goods and services to patients or potential patients, provided that payment offered is not less than the cost of providing services.” S.C. Code Ann. §44-69-80. While other competing applicants have promised to comply with this requirement if their applications are approved, SJCHH and SJ/C Health System have a proven track record of meeting and exceeding this requirement by providing care to everyone, including Medicaid and indigent populations.

In general, pure indigent care in home health is not as common as in other health services because, as all applicants’ projected payer mixes have shown, Medicare and Medicaid comprise the largest portion of home health reimbursement sources.

- Other competing applicants have projected their levels of indigent care based only on *theoretical* assumptions, and with no legal requirement that they actually provide their estimated levels of indigent care. For example, Gentiva represented in Part C(1) of its application and its Project Review Presentation (Slide 44) that it simply has budgeted 3% of gross revenue for indigent care, without any further explanation for the basis of this projection.
- In addition, Tri-County, which admits that its historical indigent care level for its South Carolina agencies is approximately 1.5% of gross revenue, *arbitrarily doubled* this projected amount for Beaufort County without providing any meaningful basis for such calculations.⁶
- Given the proven track record of SJCHH and the SJ/C Health System with respect to the provision of service and care to all segments of the communities they serve, SJCHH has provided the most realistic and supportable projection of indigent care based on its planned expansion of its mission into Beaufort County to work within the community to identify service gaps and bring home health services to medically underserved populations.

⁶ Without any credible explanation to the Department, Tri-County merely states that “[i]n order to serve all of Beaufort County, Tri-County is doubling the percent of charity care that it historically has experienced.” Exhibit 31 to Tri-County Application at p. 2.

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V. SJCHH HAS AN OUTSTANDING RECORD OF PROVIDING SUPERIOR QUALITY HOME HEALTH SERVICES IN THE REGION.

The Department identified the following additional project review criteria that will be considered more important in reviewing the applications:

Record of the Applicant 13a: The applicant's record should be one of successful operation with adequate management experience.

Record of the Applicant 13b: The applicant should have a demonstrated ability to obtain necessary capital financing.

A. SJCHH Offers Experienced and Highly Qualified Staff.

SJCHH's long history of high quality home health care includes a history of employing and maintaining high quality clinical and administrative staff, including but not limited to the following:

- 69% of SJCHH's staff are salaried and employed full-time or part-time with benefits, while the remaining 31% of staff is comprised of contract employees without benefits utilized on an as-needed basis;
- 33 out of the SJCHH's 35-member nursing staff are RN's; the remaining nurses are LPN's with a combined total of 50 years of experience in nursing and 31 years of experience in home health, *see Exhibit (12)*;
- in 2010, SJCHH staff provided close to 50,000 home health visits in 11 counties;
- existing SJCHH staff have extensive experience in the home health arena and in the nursing field, as shown below and in *Exhibit (12)*.

	# of yrs experience in Home Health	# of yrs experience as RN
Regional Vice-President	28	38
Savannah Division		
Administrator	16	18
Asst. Administrator	20	20
Hinesville Division		
Administrator	25	35
Asst. Administrator	25	34
Quality Improvement Staff	20+	
Brunswick Division		
Administrator	21	40
Asst. Administrator	21	32

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B. SJCHH Recognitions and Awards

SJCHH's staff have worked to obtain significant national recognition of SJCHH agencies as providing high-quality, cost-effective care, including:

- SJCHH has been identified as one of the "Top 500 Home Care Agencies" by **HomeCare Elite®** for 2007, 2008, 2009 and 2010.
- St. Joseph's/Candler Health System earned Magnet Status and national recognition for nursing excellence from the **American Nurses Credentialing Center's (ANCC) Magnet Recognition Program** for the third time during 2010.
 - ✦ St. Joseph's Candler is one of only five organizations in Georgia and 391 in the world to receive this nursing designation.
 - ✦ St. Joseph's/Candler is one of only 31 organizations that have received three designations.
 - ✦ Magnet designation is also scarce in South Carolina, with only two South Carolina facilities with Magnet designation.
- St. Joseph's Candler home health agencies achieved Top Performer in **CMS's P4P Demonstration Program**, *see Exhibit (13)*.
 - ✦ The purpose of the P4P Program is to determine whether financial incentives for providing high quality home health care or improvements in quality of care will result in a **decrease** in total Medicare costs; financial incentives paid out to participants are a percentage of Medicare cost savings achieved.
 - ✦ SJCHH achieved "Top Performer" status and scored in the top 20% of all participants in 6 out of 7 quality measures; in 2008 and 2009, SJCHH received over \$480,000 in performance bonuses.
 - ✦ Only a few other competing applicants participated in this Program, and **none** of the applicants came close to achieving "Top Performer" status in 6 out of 7 quality measures.

C. Other Applicants' Track Records

Standard (6) of the *2010-2011 Health Plan*, set forth at page XII-13, requires that all applicants comply with the following:

The applicant should have a track record that demonstrates a commitment to quality services. ***There should be no history of prosecution, loss of license, consent order, or abandonment of patients in other business operations.*** The applicant must provide a list of all licensed home health agencies it operates and the state(s) where it operates them.

The information below, as well as the information contained in **Exhibits (14) – (16)**, document current concerns with the track record of at least two of the other CON applicants for the development of the Beaufort County home health care program – Gentiva and UHS. Based on recent consent orders entered into with the Department by these applicants, the Department must find that these applicants cannot meet the requirements of the *Health Plan* and therefore their applications must be denied. *See, e.g., First American Home Care of South Carolina, Inc. v.*

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SCDHEC & Mediforce Home Health Agency, Docket No. 95-ALJ-07-0478-CC, 1996 WL 909575 (S.C.Admin.Law.Judge.Div.) (affirming the Department's denial of First American's application based in part on the convictions of First American's principal and parent corporation for Medicaid and mail fraud, which were found to contradict Standard (6)).

In addition, a recent report issued by the United States Senate Committee on Finance has documented concerns with patient treatment and Medicare billing practices of four large for-profit chain home health agencies, one of which is Gentiva. SJCHH believes that the Department must consider this information in evaluating Gentiva's application.

1. Gentiva – DHEC Consent Order

In April 2011, Gentiva's Columbia-based home health agency, Carolina Home Health Care, entered into Consent Order & Agreement No. CO-HL-03-2011 and paid a fine of \$8,700 for violations of the Department's home health licensing regulations. As part of a complaint investigation resulting from an incident that occurred in December 2010, Department investigators made several findings of violations, including but not limited to the following:

For a patient's record reviewed, **the safe and effective manner of treatment was questionable**, as there were several documented incidents of roaches in the bed with the patient and on the bedside table beside the patient.

For one of one patient record reviewed, there were several instances where the patient's wound was not measured per facility policy.

For one of one patient record reviewed, established facility policy was not followed in that vital signs were not documented or were only partially documented at every visit.

Exhibit (14). Clearly, the Department believed that these quality standards violations were severe enough to initiate an enforcement action against the Gentiva home health agency and mandate a substantial monetary penalty for the violations. Thus, the Department must consider this information as inconsistent with Gentiva's commitment to quality care and with Standard (6) of the *Health Plan* and thus grounds for denial of Gentiva's application.

2. Gentiva – U.S. Senate Staff Report

In September 2011, the Committee on Finance of the United States Senate issued a STAFF REPORT ON HOME HEALTH AND THE MEDICARE THERAPY THRESHOLD. The extract below from the Introduction of the Report documents the Senate Staff concerns with select publicly-traded home health care companies and their home health therapy practices. These concerns were the result of investigations into the therapy practices identified at Amedisys, LHC Group, Almost Family, and *Gentiva*. As summarized by the Senate Staff, these practices "**at best represent abuses of the Medicare home health program. At worst, they may be examples of for-profit companies defrauding the Medicare home health program at the expense of taxpayers.**"

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In May 2010, the [U.S. Senate Committee on Finance (Committee)] initiated an inquiry into home health therapy practices at Amedisys, LHC Group, **Gentiva**, and Almost Family, the four largest publicly traded home health companies, after a Wall Street Journal analysis of therapy utilization patterns at those four companies suggested they were taking advantage of the Medicare therapy payment system by providing medically unnecessary patient care.[]

The Committee staff reviewed documents provided by Amedisys, LHC Group, **Gentiva**, and Almost Family. All companies cooperated with the Committee's investigation.

In its review, the Committee found Amedisys, LHC Group, and **Gentiva encouraged therapists to target the most profitable number of therapy visits, even when patient need alone may not have justified such patterns:**

- Therapy visit records for each company showed concentrated numbers of therapy visits at or just above the point at which a "bonus" payment was triggered in the prospective payment system (PPS).
* * *
- Amedisys pressured therapists and regional managers to adhere to new clinical guidelines developed to maximize Medicare reimbursements.
- Internal e-mails identify top LHC Group managers, including the company's CEO, who instructed employees to increase the number of therapy visits provided in order to increase case mix, a measurement of patient acuity, and revenue.
- **Internal documents show that Gentiva developed a competitive ranking system for their management aimed at driving therapy visit patterns toward more profitable thresholds.**
- **Internal documents show that Gentiva management discussed increasing therapy visits and expanding specialty programs to increase revenue.**

See **Exhibit (15)** at pp. 1-2. In addition, the Committee's investigation found a letter to Gentiva's CEO from a departing physical therapist expressing disappointment with the direction of Gentiva. ***"I see the push to treat by metrics not by what the patients need . . ."*** **Exhibit (15)** at 19.

Again, based on this investigation and findings, the Department must consider this information as inconsistent with Gentiva's commitment to quality care and with Standard (6) of the *Health Plan* and thus grounds for denial of Gentiva's application.

3. United Home Care (UHS) – DHEC Consent Order

In November 2010, UHS's licensed nursing home provider in Columbia, UniHealth Post-Acute Care – Columbia, and its parent company United Health Services of SC, Inc., entered into Consent Order & Agreement No. CO-HL-10-12 and paid a fine of \$20,995 for violations of the Department's certificate of need (CON) regulations. **Exhibit (16)**. Specifically, the Department investigated the facility and found that UHS disregarded the Department's CON requirements and had been operating a greater number of nursing home beds than the number for which it was licensed, without the requisite CON approval. UHS was required to relocate the residents occupying the excess, unauthorized beds and find comparable, alternative placements for them.

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The Department must consider this information as inconsistent with Standard (6) of the *Health Plan* and thus grounds for denial of UHS's application.

VI. CONCLUSION: SJCHH IS THE BEST APPLICANT TO MEET THE HOME HEALTH CARE NEEDS OF BEAUFORT COUNTY AND ITS APPLICATION MUST BE APPROVED.

Ms. Brandt, thank you for reviewing the comments and information included in this document. Based on the information provided in the original CON application and additional information responses, information provided at the Project Review meeting and information provided in this document, it is my strong conclusion that SJCHH's proposed home health project is the best alternative to meet the home health care needs of Beaufort County. As the only not-for-profit applicant, the applicant with the broadest current array of specialty health care services and the most significant health care presence in Beaufort County, and the only applicant with over a 200 year history of providing high quality health care service to all segments of the Low County / Beaufort County area, expansion of the existing SJCHH home health care services into Beaufort County is the optimal solution to meet the home health care needs of Beaufort County.

If any additional information or clarification is required, please let me know.

Regards,



Mark M. Richardson
Partner

00903

Exhibit (1-A)

00904

**BEAUFORT COUNTY 2008-2009 HOME HEALTH CARE PATIENT VOLUME
FULL MARKET PROVIDERS ONLY**

Agency Name	Beaufort County Pts		Percent Change
	2008	2009	
Amedisys Hilton Head	788	919	+17%
Amedisys d/b/a CarcOne Home Care	421	766	+82%
Beaufort-Jasper Home Health	107	106	-1%
Island Health Care	<u>1,294</u>	<u>1,440</u>	<u>+11%</u>
	2,610	3,231	+24%

Data obtained from annual JAR Reports for each provider

With Beaufort County total population growing by +1.8% CAGR per year and with Beaufort County population age 65+ growing by +5.2% CAGR per year, this +24% 2008-2009 volume growth within Beaufort County cannot be explained by population growth alone. Rather, this +24% volume increase can only be achieved by a strong increase in home health care use rates.

2010 – 2011 South Carolina Health Plan Forecasted Need

The Home Health Care section of the *2010-2011 South Carolina Health Plan* presents on page XII-16 the home health care need calculation for Beaufort County for 2011. As shown, the methodology documents an unmet need of 101 home health care patients for the 2011 planning horizon. This *Health Plan* methodology is based upon applying static age specific use rates set at 75% of the South Carolina actual rate to forecast 2011 age specific population. This is a highly conservative forecast approach for several reasons. First, the use rates are held static and do not reflect the increased home health volumes observed statewide. Second, the use rates are set at only 75% of actual statewide use rates.

Data shown below reflect that an unmet need of greater than 101 patients exists if the planning horizon is extended to 2013 based on the *Health Plan's* population growth factor of +3.8% per year for Beaufort County or Beaufort County's 65+ 2011-2013 population growth of +5.2% per year. The 2013 planning horizon is important as this will be the 3rd year of operation of the proposed new home health care service, assuming that the *Health Plan's* 2011 planning horizon is associated with the first year of a new home health care operation. As shown below, by just extending the planning horizon in the *Health Plan* methodology to 2013, while keeping all other methodology components stable, **including the assumption that Beaufort County usage will remain at only 75% of historical statewide use rates**, net home health care unmet need within Beaufort County is forecast to expand to 369 or 470 patients in 2013, a significant increase from the *Health Plan's* identified 101 patients in 2011.

Exhibit (1-B)

00906

	DISCHARGE Data							
	2008		2009		2010		2011	
	Cases	% Total	Cases	% Total	Cases	% Total	Cases	% Total
DISCHARGE DISPOSITION DESC								
AGAINST MEDICAL ADVICE	0	0.0%	0	0.0%	1	0.1%	0	0.0%
DISCHARGE TO REHAB	26	3.9%	35	4.6%	42	4.6%	16	1.8%
EXPIRED	15	2.3%	8	1.1%	22	2.4%	19	2.2%
HOME HEALTH SERVICE	60	9.0%	94	12.4%	96	10.6%	103	11.8%
HOME, SELF-CARE	519	78.2%	567	74.6%	673	74.3%	634	72.6%
HOSPICE-HOME	3	0.5%	3	0.4%	7	0.8%	8	0.9%
HOSPICE-MEDICAL FACILITY	2	0.3%	4	0.5%	1	0.1%	4	0.5%
LONG TERM CARE HOSPITAL-LTAC	6	0.9%	10	1.3%	4	0.4%	11	1.3%
XFER PSYCH HOSPITAL	1	0.2%	0	0.0%	0	0.0%	0	0.0%
XFER SHT-TRM ACUTE INPT HOSP	9	1.4%	5	0.7%	9	1.0%	9	1.0%
XFER SNF	23	3.5%	34	4.5%	51	5.6%	69	7.9%
Grand Total	664	100.0%	760	100.0%	906	100.0%	873	100.0%

Total # of Cases:
3203
Avg. Home Health D/C FY 2008 to 1Q2011:
10.95%

NOTE: SJC Fiscal Years begin July 1st and end June 30th.

NOTE: Includes newborns, rehab, and skilled nursing.

00907

**St. Joseph's/Candler
South Carolina Operations - Number of Treatments Provided (all patients)**

Name	When Initiated	Square Footage	Address	City	Volumes FY2008**	Volumes FY2009**	Volumes FY2010**	Volumes FY2011**	Total Volumes FY 2008-2011**
Lewis Cancer & Research & Pavilion	SJ/C purchased controlling interest July 2009	4,000	25 Hospital Center Blvd # 101	Hilton Head Island	N/A	N/A	5,448***	5,665	11,113
Physical Therapy*	2001	1,700	10 Oak Forest Road	Bluffton	4,131	5,444	10,200	8,000	27,775
MGM - Primary Care Physician Office	2001	4,800	10 Oak Forest Road	Bluffton	2,903	4,264	7,833	7,532	22,532
Specialist Clinic - Bluffton	2009	1,500	10 Oak Forest Road	Bluffton	N/A	Utilized by 5 specialists.			
Specialist Clinic - Moss Creek	August 2010	1,200	19 Moss Creek Village Road	Hilton Head Island	N/A	N/A	Utilized by 4 specialists.		
Hyperbaric and Wound Care Center - Moss Creek	September 2010	2,466	19 Moss Creek Village Road	Hilton Head Island	0	0	30	2,417	2,447
Anticoagulation Clinic - Pharmacy Services	October 2010	1,200	29 Plantation Park Dr	Bluffton	0	0	0	3,820	3,820
Imaging Services - Bluffton	July 2011	3,000	10 Oak Forest Road	Bluffton	0	0	0	78	78
Total		19,866			7,034	9,708	18,063	27,512	67,765

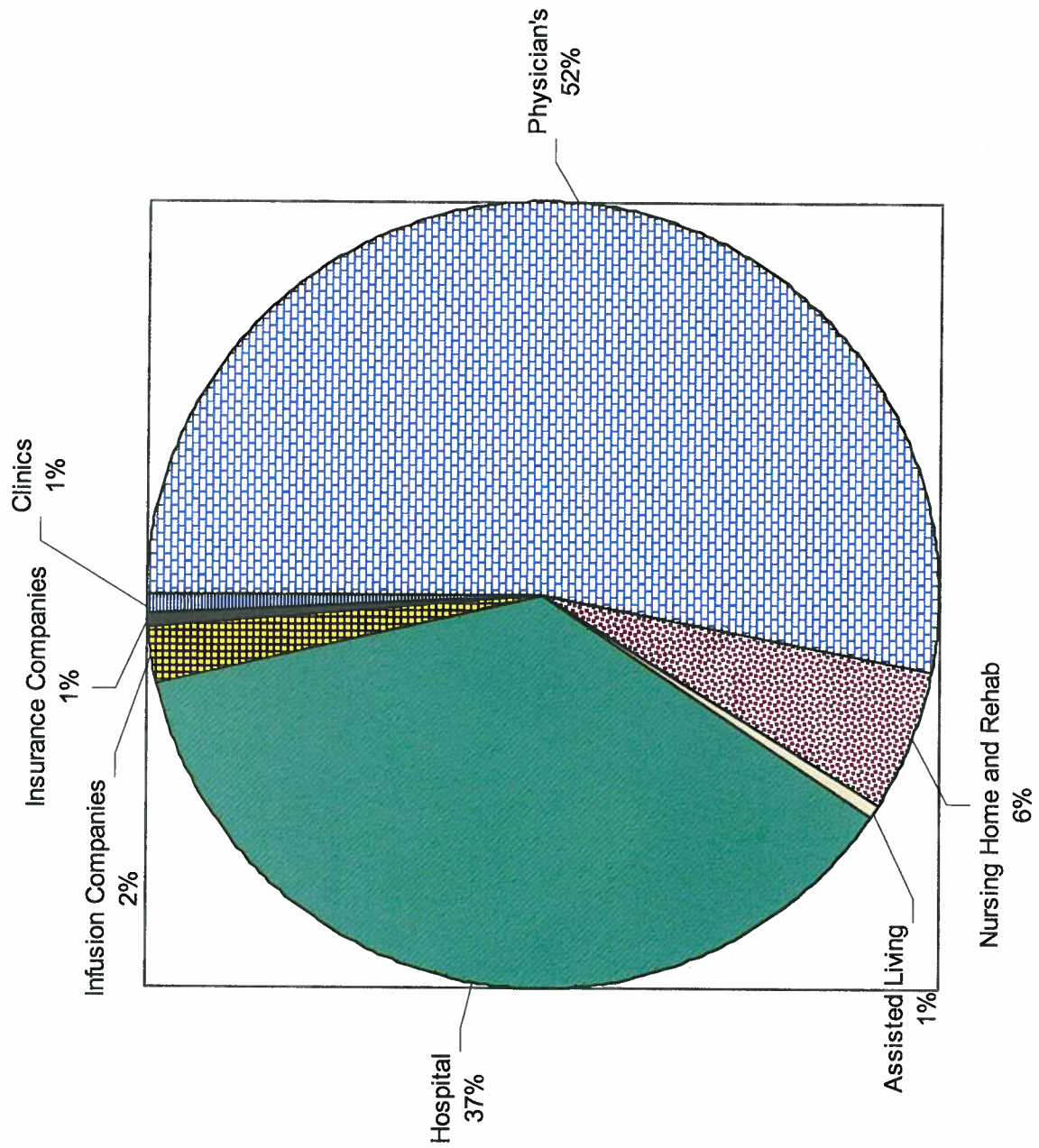
*NOTE: Physical Therapy volumes reflect total treatments.

**NOTE: SJ/C Fiscal Years begin July 1st and end June 30th.

***NOTE: estimated volume

Exhibit (2)

Source of Referrals - Brunswick
FY 2010 to FY 2011

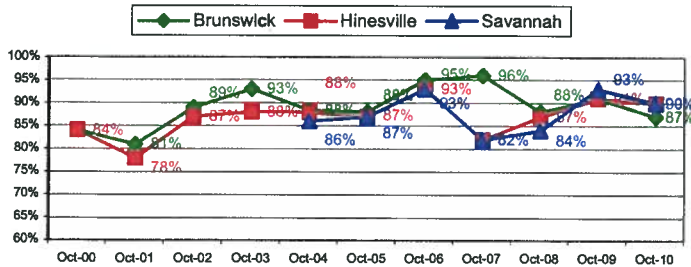


00910

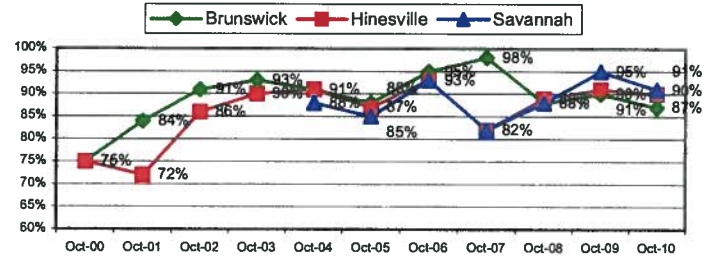
Exhibit (3)



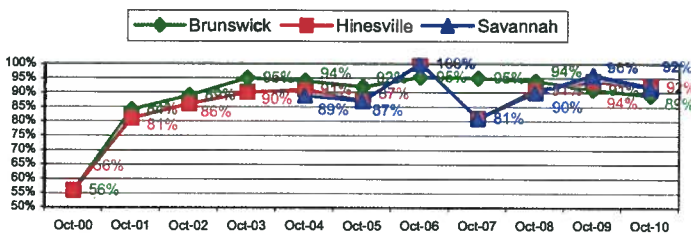
Over Satisfaction Rate



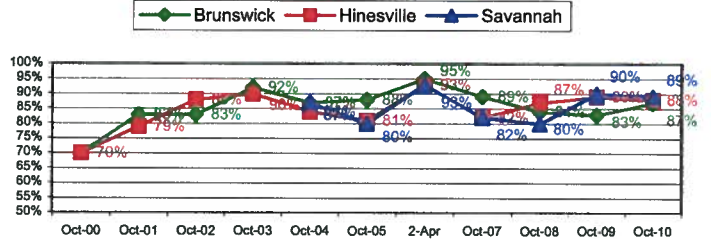
Question #5: The benefits your patient's receive from the services provided by the agency



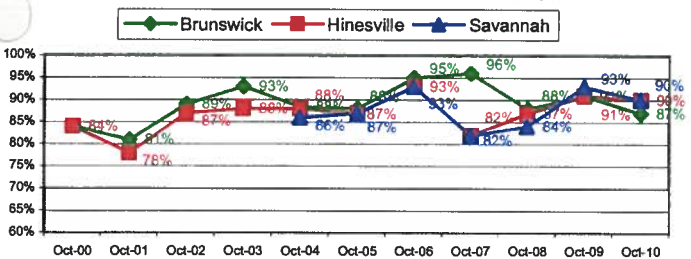
Question #1: The professionalism of our staff



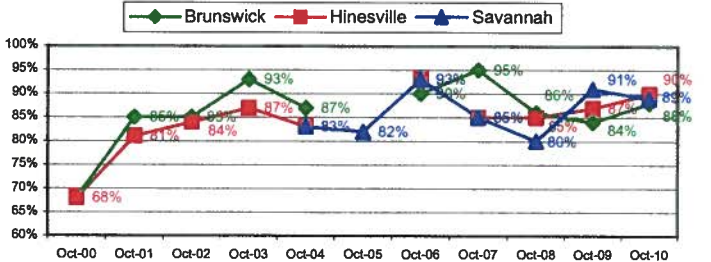
Question #6: The overall pain management by the staff



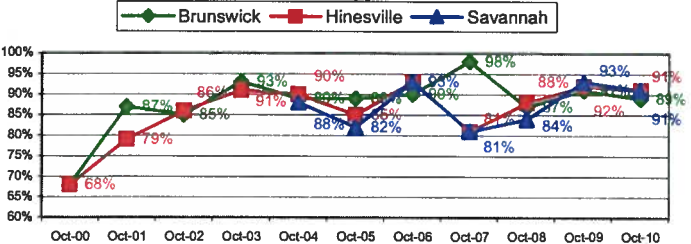
Question #2: The overall performance of the nursing staff



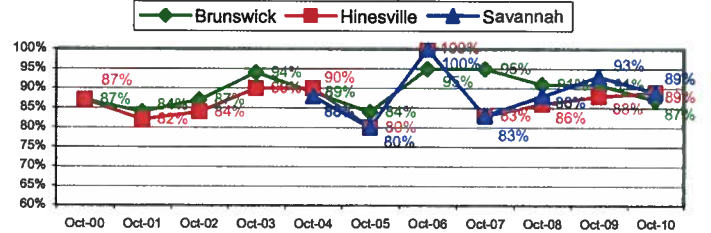
Question #7: The referral process



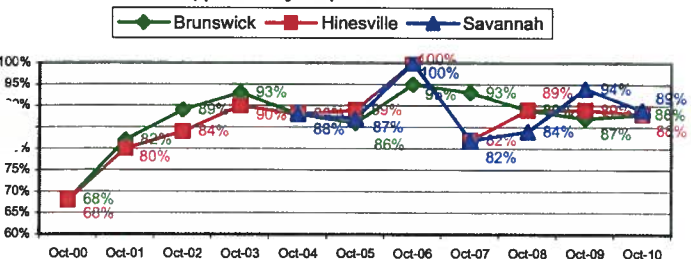
Question #3 Rate the overall performance of the therapy staff



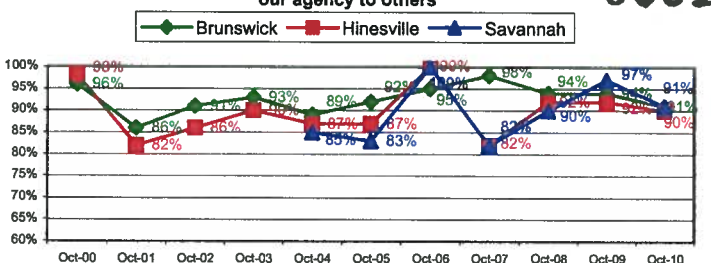
Question #8 The agency's promptness in responding to your and/or your office's requests/needs



Question #4: Satisfaction with the way you have been kept apprised of your patient's condition



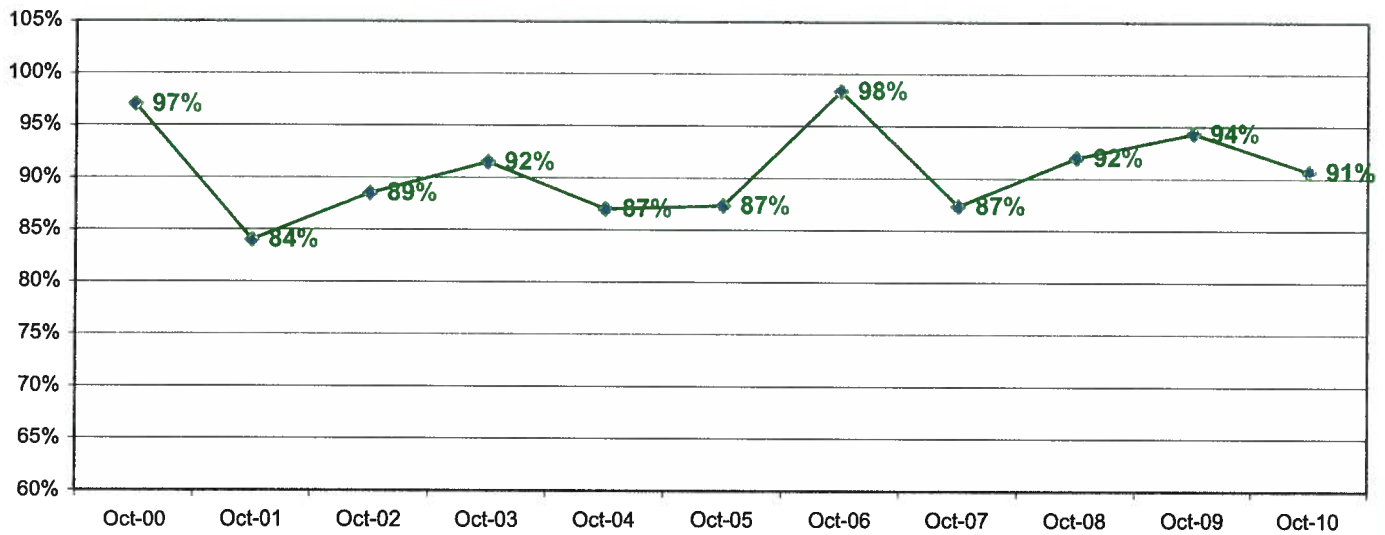
Question #9: The likelihood of recommending our agency to others



00912



Agency Wide Average - "Would You Recommend?"



00913

Exhibit (4)

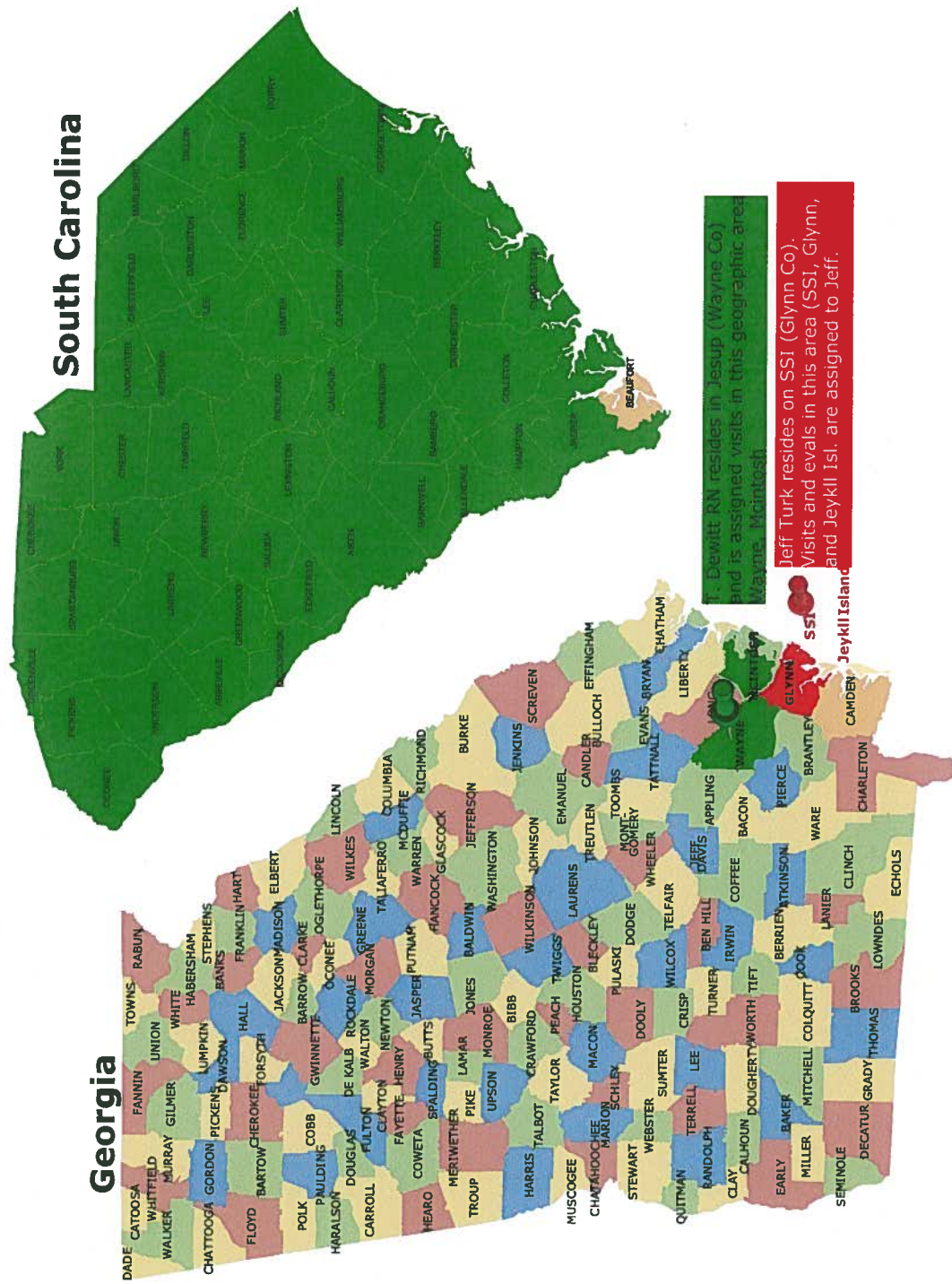


Exhibit (5)

SJC HOME HEALTH SERVICES INC

Employee's Schedule

Employee Name	Employee Id	Team	Date
TERRI ROZIER, RN	ROZIER	SCTE1	Mon Oct 03, 2011

Date	Begin Appt	End Appt/Duration	Patient Name	Patient Address	Patient Phone	Reason
Mon Oct 03	6:00AM	60 mins	[REDACTED]	[REDACTED]	[REDACTED]	SRV GEN
<p>Comments: Bilked Apt: 6:00AM - 11:59PM</p> <p>Travel Directions: [REDACTED], PT LIVES ON L, [REDACTED] HAS CARPENTER PARKED IN DRIVEWAY.</p>						
<p>Notes: [REDACTED] NW TOWNS SRV GEN</p> <p>Comments: Bilked Apt: 6:00AM - 11:59PM RECEIPT TODAY IF NOT ALREADY D/C</p> <p>Travel Directions: [REDACTED] ACROSS FROM CHURCH ON R IS PT'S HOUSE, SMALL WOODEN HOUSE WITH SMALL CARPORT. HAS BURG CAR IN DRIVEWAY. ALSO HAS SMALL W/C RAMP AT FRONT DOOR.</p>						
Mon Oct 03	6:00AM	60 mins	[REDACTED]	[REDACTED]	[REDACTED]	SRV GEN
<p>Comments: Bilked Apt: 6:00AM - 11:59PM</p> <p>Travel Directions: [REDACTED] 3RD ON L (WHITE/BLACK), GO THRU CARPORT DOOR. LOOK FOR SIGN FOR [REDACTED] TURN HERE, PT'S HOUSE IS</p>						
<p>Notes: [REDACTED]</p>						
Mon Oct 03	6:00AM	60 mins	[REDACTED]	[REDACTED]	[REDACTED]	SRV GEN
<p>Comments: Bilked Apt: 6:00AM - 11:59PM</p> <p>Travel Directions: [REDACTED] LOOK FOR PICKET FENCE ON R, SR TRAILER WITH FRONT PORCH.</p>						
<p>Notes: [REDACTED]</p>						

Employees electronically import their schedule daily from their homes. The schedule delineates the patient name, address, phone number, direction to their home, the reason for the visit and any specific issues that need to be performed during the visit, such as lab work, dressing change, OASIS time points due etc. The employee calls the scheduler every morning to verify any possible changes in the schedule as well as, every afternoon to report completion of scheduled visits. The employee then electronically exports the visits/documentation to the server from home.

Exhibit (6)

[includes television news video clip featuring *well@home* used by St. Joseph's/Candler Health System]

* Exhibit 6 is on CD

SJC

Bate Stamped pages 919 and 941 are CDs

↓
Exhibit 6

↓
Exhibit 10

<i>St. Joseph's/ Candler Home Healthcare Inc.</i>	<p style="text-align: center;">Policy/Procedure</p> <p>Title: Telemonitoring of Home Health Patients</p> <p>Section: Care, Treatment and Services</p>	<p>Policy No: TX-112</p>
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Policy Statement

It shall be the policy of St. Joseph's/Candler Home Health Services, Inc. to implement Telehealth as an integral part of the quality care we provide. The use of telemonitoring provides the nurse with a valuable tool for monitoring the patient's progress towards goals. In addition it provides the patient with visual biofeedback that reinforces education about the disease process and promotes independence in self-care activities.

Purpose(s) of Policy

To provide guidelines for the use of the telehealth monitoring system.

Entities to Which This Policy Applies

St. Joseph's/Candler Home Health Services, Inc.: direct care personnel

Definition of Terms

Home Telehealth: Home Telehealth encompasses remote care delivery or monitoring between a health care provider and a patient outside of a clinical health facility, in their place of residence (home or assisted living residence).

Telemonitoring-Includes the collection of clinical data and the transmission of such data between a patient at a distant location and a health care provider through a remote interface so that the provider may conduct a clinical review of such data or provide a response relating to such data. This includes the use of automated laboratory or other health monitoring equipment, as well as the manual entry of data.

Patient criteria for inclusion/exclusion - standards that all patients shall meet prior to installation of a Telehealth monitor.

Patient* - represents the patient/family/support person.

00920

<i>St. Joseph's/ Candler Home Healthcare Inc.</i>	<p style="text-align: center;">Policy/Procedure</p> <p>Title: Telemonitoring of Home Health Patients</p> <p>Section: Care, Treatment and Services</p>	<p>Policy No: TX-112</p>
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1. Patient Criteria for Inclusion/Exclusion

a) Criteria for Inclusion:

- Patients or their designated caregiver must be able to demonstrate the ability to use and maintain the monitoring system.
- Patients or their caregivers must be able and willing to consent to participate.
- Patients or their caregivers must agree to perform their vital sign measurements every day as scheduled, unless unavailable or system problems.

b) Criteria for Exclusion:

- Physically/cognitively unable to learn the process and have no available caregiver.
- Unable to follow voice commands
- Unable to hear or comprehend monitor cues.
- Patient, family or physician refuses monitoring services.
- The home care plan is estimated to be less than one week.
- A previous attempt to use the monitor failed.
- Refuses to comply with terms of participation.
- Combative/behavioral problems.
- Residence not conducive/safe for home monitoring.
- Monitoring system not available.

2. Patient Informed Consent- Patient s must agree to allow nurses or other agency staff to install the equipment, and to be monitored. Consent will be obtained from the patient or designee before beginning the use of the system. The consent form will be filed in the patient's medical record. The patient may terminate the use of the system at any time without fear of loss of healthcare. In the event of patient's desire to terminate service of the system, the agency will notify the physician immediately. Patient/Caregivers must also acknowledge that the equipment belongs to the agency, and not themselves.

3. Patient Privacy and Confidentiality- Patient privacy will be maintained at all times while receiving Home Telehealth. This includes provisions at the patient's location as well as the location receiving the patient's information. Any data collected that is made available outside of the clinical environment will be presented in the aggregate.

4. Patient/Caregiver/Home Assessment

- a) During a face-to-face encounter, a comprehensive patient assessment will be completed in order to accurately apply inclusion and exclusion criteria.

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<i>St. Joseph's/ Candler Home Healthcare Inc.</i>	Policy/Procedure	Policy No: TX-112
	Title: Telemonitoring of Home Health Patients Section: Care, Treatment and Services	

- b) Patients who require special assistance must be identified prior to installation of Home Telehealth. All efforts to manage language or physical barriers will be made to ensure no patient is discriminated against.
- c) During a face-to-face visit, the caregiver will be evaluated to determine their willingness and ability to assist the patient in the Home Telehealth encounter as appropriate.
- d) During a face-to-face visit, an assessment must be conducted to determine access to utilities and safety concerns appropriate for equipment installation.

5. Patient Plan of Care

- a) The patient's plan of care will be developed according to agency policy in collaboration with the patient and all appropriate providers.
- b) The plan of Care will include Home Telehealth encounter frequency. Changes in the Home Telehealth frequency will be treated like any other frequency changes in the clinical record and will be approved by the physician. The verbiage "when installed" will be used in conjunction with the frequency so that the frequency will apply only after the equipment has been installed in the home.
- c) The use of Home Telehealth must be included in the Plan of Care and customized based upon specific needs for each patient. The data elements being monitored will be clearly defined. All clinically relevant distinctions will be made in the definitions. These distinctions may include automated capture vs. manual entry, type of instrumentation, etc., and may include other distinctions in method or data source if clinically appropriate.
- d) The patient's physician and/or health care provider should be informed of Home Telehealth. A physician's order will be obtained as appropriate. Agency will notify physician of results of each Home Telehealth encounter as requested. (Example may fax daily/weekly or in the event of out of "normal" parameters for patient or set agency guidelines) All data that is collected will be a part of the clinical record. The data is automatically a part of the electronic medical record.
- e) Home Telehealth can be incorporated into various disease management programs and processes.

00922

<i>St. Joseph's/ Candler Home Healthcare Inc.</i>	Policy/Procedure	Policy No: TX-112
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6. Patient Education

- a) Patients or their designees should receive training on equipment to be used in monitoring and managing their health care needs prior to their use of any Home Telehealth equipment.
- b) Education about the Home Telehealth equipment will include: proper handling, storage, operation, and electrical connection, phone requirements, and cleaning.
- c) Additional information will include any peripherals to be used, the purpose of each peripheral and their proper use, frequency of monitoring, and/or visit schedule.
- d) Clear, simplified written information regarding procedures to operate and maintain equipment will be provided. Such information may include diagrams and pictures, to facilitate the appropriate place and use of peripheral equipment and available in Spanish if needed.
- e) Patients will be given clear written instructions regarding who to call in case technical problems arise with the written instructions as to who to call in case technical problems arise with the medical equipment during business hours, weekends, after hours, and holidays.
- f) Safety instructions will be given to patients and reviewed at installation and future times as necessary.
- g) Education and training will be used to empower patients about appropriate self-care.
- h) Written instructions will be provided to patients for after-hours care when or if appropriate.
- i) Patients will be informed in writing of the difference between using Home Telehealth and an emergency response system to avoid a potential delay in need for "911" emergency care.
- j) Patients or their designated caregiver must demonstrate the ability to use and maintain the equipment according to agency policy.

7. Performance Improvement

- a) Patient satisfaction regarding Home Telehealth will be a part of the performance improvement process.

00923

<i>St. Joseph's/ Candler Home Healthcare Inc.</i>	Policy/Procedure		Policy No:
	Title:	Telemonitoring of Home Health Patients	TX-112
	Section:	Care, Treatment and Services	

- b) Provider satisfaction regarding use of Home Telehealth will be a part of the performance improvement process.

8. Administration

- a) In the event of equipment failure, patients will be instructed to contact the agency immediately. If it is an emergent situation the patient will be instructed as Education section states to call 911. As soon as contact is made with agency an IS technician will investigate the problem and resolve as quickly as possible. Any deviation from the set frequency of monitoring vital signs will be noted and the primary nurse along with the primary physician will be notified.
- b) When the equipment is removed from a patient's home it will be returned to the agency. Upon receiving equipment back into the agency the office manager/designee will then test and sanitize all peripherals. These devices will be marked as clean to represent the device is ready to load and go to a new patient.
- c) All vital signs monitored are done so in accordance with the "standard" parameters. Each one is customizable for a specific patient. If any parameters are customized, a doctor's order will be obtained stating what the acceptable parameters for each specific measurement should be. If a patient's measurements are outside of the set applicable parameters then the chosen Home Telehealth system will generate an alert for the primary clinician and the physician may be notified if necessary.
- d) Primary clinicians are responsible for any patients they case manage that are utilizing the Home Telehealth system. On-Call clinicians will be provided a list of Home Telehealth patients to monitor after normal business hours. Response to any data that deems a response will within 3 hours of review of the data. If primary nurse is out of work for any reason, he/she is responsible for having someone to review Home Telehealth data in their stead. If Information Systems Department is out of the office, they will notify nursing staff to expect this and they will then handle any issues that may arise with data and/or equipment.

00924

<i>St. Joseph's/ Candler Home Healthcare Inc.</i>	Policy/Procedure		Policy No: TX-112
	Title:	Telemonitoring of Home Health Patients	
	Section:	Care, Treatment and Services	

Approval:

Name, Title

Date

Original Implementation Date: 8/05

Next Review Date: 8/08

Originating Department/Committee: Telehealth Committee

Reviewed:

Revised:

Rescinded:

Legal Reference:

Cross Reference:

Reference: Patient Care Technologies

Attachments: Informed Consent form for Telehealth

00925



St. Joseph's/Candler
Home Healthcare Services

Our agency is now providing patients in our community with a new kind of telecare that:

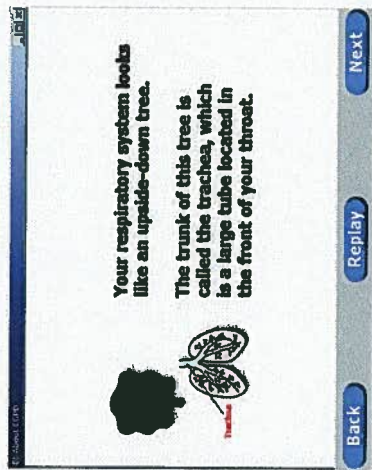
- **Empowers** patients to become more involved in their own care and to understand the impact of their behavior on their health.
- **Interacts** with patients, much as a clinician would, to support their specific care needs.
- **Improves** outcomes by reinforcing compliance with the physician's orders.



Beyond telemonitoring...
Telemanagement!

well@home reminds patients to take their medications and perform other activities ordered by their physician.

well@home educates patients about their disease process and the importance of their treatments.



Did your shortness of breath occur while you were resting upright or lying down?

☒ Upright

☐ Lying down

Next

Replay

Back

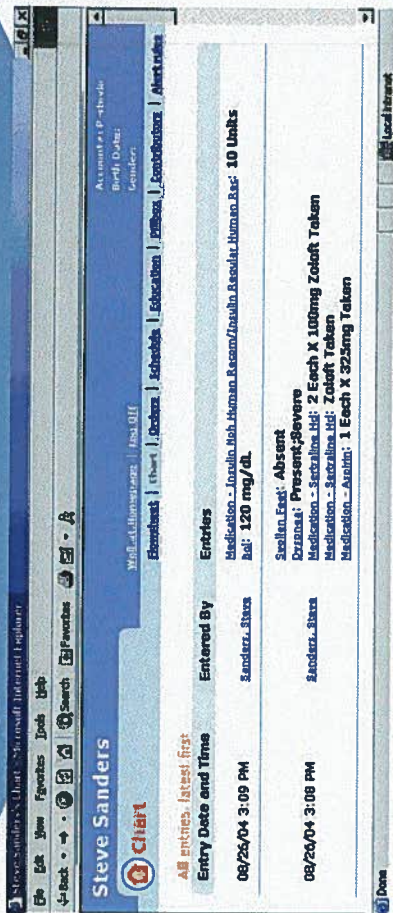
well@home monitors through objective physiologic measurements and a rich set of patient self-reported information about clinical status, comprehension of educational information and compliance.

well@home instructs patients about how to properly perform physiologic measurements and their prescribed treatments.

Beyond telemonitoring... Telemanagement!

well@home provides reporting for home care clinicians and/or physicians on clinical status, compliance and comprehension.

All the data collected by **well@home** is available to physicians, case managers, and even family members in our community via a secure website.



... Telemanagement!



St. Joseph's/Candler
Home Healthcare Services



St. Joseph's/Candler Home Health Agency Protocol

Best Practice Interventions for Patients at High-Risk for Hospitalization/EC

Purpose: To designate a specific set of evidence-based interventions for patients identified as being at high-risk for hospitalization, and to implement these interventions to increase patient self-management skills and to decrease the hospitalization rate for this population of agency patients.

Goals: Achieve and maintain agency OASIS hospitalization rate at 17.50 percent or less
Prevent avoidable emergent care and hospital admissions
Support the development of patient self-management skills

Procedure:

The patients' ability to engage in self-management activities requires that the patient have the necessary support from the agency in the critical first three weeks of service. The following protocols will be initiated on all patients designated as high-risk (score of 10 or more) at the SOC visit:

1) Medication Management

- ◆ Medication simplification Protocol will be reviewed/approached at SOC visit & PRN thereafter
- ◆ Assess patient's ABILITY to take medications correctly
- ◆ OBSERVE patient manage their medications
- ◆ Assess non-compliance triggers
- ◆ Reconcile medications with physician At the SOC
- ◆ Therapist and HHA will be aware of signs that the patient is non-compliant or having untoward effects of medications and notify the agency supervisor.

2) Frontload Visits

- ◆ At least sixty-five percent of SN visits will be provided in the first three weeks of service.
- ◆ SN frequency on 485 will reflect frontloading protocol
- ◆ Patient's HIGH RISK FOR ACH & EC" will be reflected on the patient overview screen (source: demographics/patient display status).
- ◆ The administrator/PCC/Scheduler will be notified of the patient's visit frequency within 24 hours.

3) Emergency Care Plan

- ◆ A patient-specific and disease-specific **EMERGENCY CARE PLAN** will be initiated on the SOC visit and completed by the second SN visit
- ◆ **PRN ORDERS** will be obtained on admission and included in the 485 for exacerbation of disease process, non-compliance with self-monitoring program or significant changes in the patient condition
- ◆ Patient will be provided with **ZONE TOOL** for symptom management for a primary or secondary diagnosis of CHF, COPD, asthma or diabetes at SOC visit. Education will be initiated at the SOC and be completed by the third SN visit. This teaching will be documented in the electronic pathway "I/E Zone Tool".

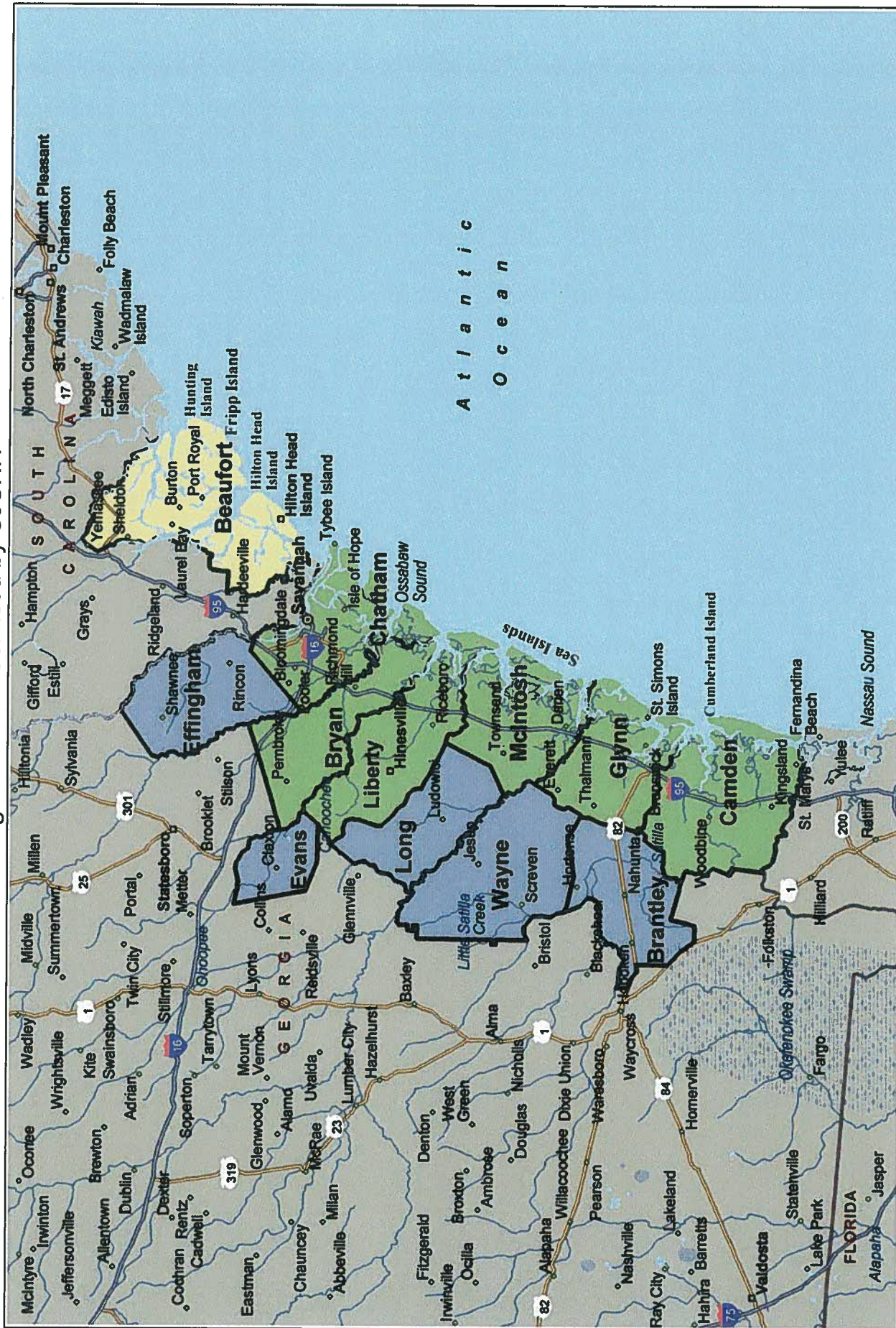
PATIENT EDUCATION OF THE ON-CALL PROCESS will be initiated on the SOC/ROC visit **AND CONTINUE EVERY VISIT THEREAFTER.** This patient education will be documented in the electronic pathway "I/E ON-CALL PROC/"CALL ME FIRST".

4) Telehealth Phone Monitoring Program

- ◆ The administrator/PCC/Scheduler will be notified of the patient's need for care call/telehealth within 24 hours.
- ◆ The "High Risk Hospitalization/Emergent Care Roster" will be maintained for all patients receiving care calls.
- ◆ All patients designated as high-risk will have the telehealth phone monitoring protocol implemented by the fourth day of service, if appropriate and a monitor is available.
- ◆ During first three weeks of service, high-risk patients will have daily contact via phone or on-site visit.
- ◆ Phone monitoring visits will support and reinforce patient self-management of their disease process, s/s of worsening condition and the appropriate response to changes in their condition.
- ◆ Care calls will be documented on the "Telephone Assessment Tool".
- ◆ A PRN visit will be made to the patient if the telehealth nurse deems it necessary for the patient's safety and/or prevention of an emergent care visit/ACH

Exhibit (7)

Georgia Counties Serviced by SJCHH



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 Portions © 1990-2005 IntelliMap Software Corporation. All rights reserved. Certain mapping and direction data © 2005 NAVTEQ. All rights reserved. The data for areas of Canada includes information taken with permission from Canadian authorities, including: © Her Majesty the Queen in Right of Canada, © Queen's Printer for Ontario. NAVTEQ and NAVTEQ ON BOARD are trademarks of NAVTEQ. © 2005 Tele Atlas North America, Inc. All rights reserved. Tele Atlas and Tele Atlas North America are trademarks of Tele Atlas, Inc.

Exhibit (8)



Directions to Fripp Island Golf & Beach Resort
201 Tarpon Boulevard, Fripp Island, SC 29920 - (843) 838-1513
47.7 mi – about 1 hour 4 mins

Save trees. Go green!







Download Google Maps on your phone at google.com/gmm



©2011 Google - Map data ©2011 Google -

00932

A 10 Oak Forest Rd, Bluffton, SC 29910

1. Head **southwest** on **Oak Forest Rd** toward **Towne Dr**
go 295 ft
total 295 ft
-  2. Turn right onto **US-278 W/Fordling Island Rd**
About 6 mins
go 5.0 mi
total 5.0 mi
-  3. Exit onto **S Carolina 170 E/Okatie Hwy** toward **Beaufort**
Continue to follow **S Carolina 170 E**
About 18 mins
go 14.5 mi
total 19.6 mi
-  4. Turn right onto **S Carolina 802 E/Savannah Hwy**
About 4 mins
go 2.1 mi
total 21.7 mi
-  5. Keep right at the fork
About 1 min
go 226 ft
total 21.7 mi
6. Continue straight onto **Parris Island Gateway**
About 2 mins
go 1.2 mi
total 22.9 mi
7. Continue onto **Ribaut Rd**
About 4 mins
go 2.5 mi
total 25.4 mi
-  8. Turn right onto **S Carolina 802 E/US-21/Ladys Island Dr**
About 4 mins
go 2.9 mi
total 28.2 mi
-  9. Turn right onto **US-21 S/Sea Island Pkwy**
Continue to follow **US-21 S**
About 24 mins
go 19.5 mi
total 47.7 mi

B **Fripp Island Golf & Beach Resort**
201 Tarpon Boulevard, Fripp Island, SC 29920 - (843) 838-1513

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

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Directions weren't right? Please find your route on maps.google.com and click "Report a problem" at the bottom left.

00933



Directions to Yemassee, SC
44.6 mi – about 46 mins

Save trees. Go green!

Download Google Maps on your
phone at google.com/gmm



00934



10 Oak Forest Rd, Bluffton, SC 29910

1. Head southwest on Oak Forest Rd toward Towne Dr

go 295 ft
total 295 ft



2. Turn right onto US-278 W/Fording Island Rd
Continue to follow US-278 W
About 14 mins

go 13.0 mi
total 13.0 mi



3. Slight right to merge onto I-95 N toward Florence
About 29 mins

go 29.8 mi
total 42.9 mi



4. Take exit 38 to merge onto S Carolina 68 E/Yemassee Hwy toward Yemassee
Continue to follow Yemassee Hwy
About 3 mins

go 1.7 mi
total 44.6 mi



Yemassee, SC

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

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Directions weren't right? Please find your route on maps.google.com and click "Report a problem" at the bottom left.

00935

Exhibit (9)

**Certificate of Need Application to
Establish a Home Health Agency for
Aiken County, SC**

Submitted to

**South Carolina Department of Health
and Environmental Control**

Submitted by

**Tri-County Home Health Care & Services, Inc.
1950 Bush River Road
Columbia, SC 29210**

Prepared by

**Strategic Directions, Inc.
115 Parkwood Road
Greenwood, SC 29646**

**Aiken, South Carolina
April 2009**

000002

meet Aiken County's prevailing need of providing "access" to the residents of Aiken County. This can only be accomplished by a home health organization having long-term experience in the area, resources to facilitate services, and an understanding of how Aiken's needs can be met. Exhibit 3 presents an "open" letter from Ms. Milling to the residents of Aiken County; the letter describes Tri-County's qualifications and commitment to serve these residents.

Tri-County has shown an interest in expanding to Aiken County for over a decade. In 2000, Tri-County formally applied for a CON to provide home health services in Aiken County. At that time, there was significant opposition from Hitchcock, the only local not-for-profit home health agency in Aiken. DHEC chose not to approve any new home health agency for Aiken County. Tri-County decided not to appeal DHEC's decision and instead wait for another opportunity to expand into Aiken County. Since that time, Hitchcock sold its home health business and it is under new for-profit management. Tri-County has kept in-place its administrative and clinical leadership since the earlier application and is eager to pursue this opportunity once again.

Tri-County intends to create a major presence in Aiken County and to provide a full range of home health services to the residents. Tri-County currently has an office located in Batesburg, which can serve all of Aiken County. When the CON is approved, Tri-County will open an office in Aiken. The total cost of this project is \$77,000.

(3) *Provide the total cost of the project, indicating design fees, land cost, interest cost, construction cost, equipment cost, and any other cost involved in the project. Provide an estimate of the construction cost from a licensed architect or engineer; in the case of equipment, an estimate from a vendor is acceptable.*

The following is the budget for this project:

Table 1 TCHHC Project Budget	
A. Land	\$0
B. Construction Cost	\$0
C. Architect's Fee	\$0
D. Equipment	\$46,000
E. Financing Cost	\$0
F. Other Cost	
1. Consulting & Legal	\$30,000
2. DHEC fee	1,000
Subtotal	\$31,000
G. Total Project Cost	\$77,000

The budget is explained as follows:

- Equipment. Exhibit 4 is documentation regarding the budget for equipment for the office that will be opening in Aiken, SC.
- Consulting & Legal. This cost is for advisory services related to this CON application.
- DHEC CON Fee. This is an estimate of the Initial Filing fee and Application fee payable to DHEC.

- **Leased Office Space:** Leasing cost is not part of initial capital expenditure. It is included as part of the pro-forma budget in Exhibit 22.

(4) *State the specific location of the facility or service and/or equipment, including, where applicable, specific areas of an existing facility to be affected by the project. Provide room numbers of all patient rooms affected. Sufficient detail should be provided to allow the Department to visually inspect the site. The number of private and semi-private patient rooms shall be identified.*

Tri-County is proposing to provide home health services to all of Aiken County. Home health services are not classified by DHEC as a "facility"; thus, there is no project "site." Tri-County currently has an office located at 120-D W. Church Street, Batesburg, SC 29006. This office can serve all of Aiken County since it is within 50 miles of the farthest point in Aiken County. When the proposed CON is issued, Tri-County will open an office in Aiken to create a significant presence in the county. Exhibit 5 is a letter documenting the availability of appropriate office space in Aiken County. A specific address will be supplemented when suitable office space available for lease is identified.

(5) *Provide details regarding any proposed construction and/or renovations. Discuss alternatives to new construction and why these alternatives were rejected. For a multi-floor project, construction and/or renovation must be described, by floor, to include any additions and/or deletions made to each floor. Provide evidence that the applicant has adequately planned for any temporary move or relocation of any department, facility, or services, which may be necessary during the construction period. Document that plans exist to assure adequate protection (from fire, noise, dust, etc.) and continuation of all services during the proposed construction period.*

This project does not require any construction or renovations.

(6) *If a replacement facility or ancillary service is being constructed, describe plans for disposition of the existing facility or ancillary service area upon completion of the project.*

Not applicable.

(7) *Provide a timetable for development and completion of the project to include, at a minimum, the date of site acquisition, date of architectural contract, architectural design schedule, date of closing for financing, date of valid construction contract, date that all necessary permits (grading, building, sewer, etc.) will be obtained, and date of start of construction. The timetable shall be presented in one month increments commencing with the month following receipt of the Certificate of Need and ending with the execution of a contract or purchase order for equipment only projects.*

The following timeline is anticipated for the project:

Table 2

Year	Month	Project Status
2009	April	CON Submitted
2009	October	CON Approval
2009	December	Home Health Services offered to Aiken County

(8) *Provide the following ownership information:*

(a) *Proposed name of facility.*

Tri-County Home Health Care & Services, Inc. (Home health agencies are not considered "facilities.")

000011

Exhibit (10)

[Community Benefits Video (unabridged)]

Speakers:

Barbara Gatens
Angels of Mercy
Community Volunteer Corps

Roberta Seth, Patient
St. Mary's Health Center

Sister Margaret Beatty, RSM
Vice President, Mission Services
St. Joseph's/Candler

Claire Tackett, Manager
Health Promotion & Screening/Mobile
Mammography
St. Joseph's/Candler

Brad Tower, Clinical Initiatives Director
St. Joseph's/Candler

Donna Hall, Parent
St. Mary's Preschool

Dr. Ray Maddox, Coordinator
Faith in Practice Medical Missions

Martina Chimal, Patient
Good Samaritan Clinic

Ella Williamson, Director
African American Health Information &
Resource Center
St. Joseph's/Candler

Sarah Rodriguez
GED Recipient

Sister Pat Baber, RSM
Executive Director
St. Mary's Community Center
St. Mary's Health Center
Good Samaritan Clinic

Paul Hinchey, President & CEO
St. Joseph's/Candler Health System

Hunter Hurst
Director, Georgia Infirmary/SOURCE &
Williams Court Apartments

William Tolbert
GED Recipient

Hayndry Prasetio
Uncompensated Care Recipient

Chuck Powell
Community Cardiovascular Council

Exhibit (11)

FOREIGN LANGUAGE INTERPRETERS AND SIGNERS

Language	Employee Department	Extension	Days/Times Available
American Sign	Linda R. Combs - Accts Payable American Red Cross	692-6156 651-5310	M-F 8:00 - 4:30 7 days/wk 24 hrs/day
Arabic	American Red Cross	651-5310	7 days/wk 24 hrs/day
Chinese	American Red Cross	651-5310	7 days/wk 24 hrs/day
Czech	American Red Cross	651-5310	7 days/wk 24 hrs/day
French/ Spanish	Bill Easterling American Red Cross	352-7432 651-5310	7 days/wk 24 hrs/day
German	American Red Cross	651-5310	7 days/wk 24 hrs/day
Greek	American Red Cross	651-5310	7 days/wk 24 hrs/day
Hebrew	American Red Cross	651-5310	7 days/wk 24 hrs/day
Hindu	American Red Cross	651-5310	7 days/wk 24 hrs/day
Indian	American Red Cross	651-5310	7 days/wk 24 hrs/day
Iranian	Abbas Tabar	897-2208	Monday - Sunday
Italian	American Red Cross	651-5310	7 days/wk 24 hrs/day
Japanese	American Red Cross	651-5310	7 days/wk 24 hrs/day
Korean	American Red Cross	651-5310	7 days/wk 24 hrs/day
Lithuanian	American Red Cross	651-5310	7 days/wk 24 hrs/day
Mandarin	American Red Cross	651-5310	7 days/wk 24 hrs/day
Pakistani	American Red Cross	651-5310	7 days/wk 24 hrs/day
Spanish	American Red Cross	651-5310	7 days/wk 24 hrs/day
Taiwanese	American Red Cross	651-5310	7 days/wk 24 hrs/day
Vietnamese	American Red Cross	651-5310	7 days/wk 24 hrs/day
Yugoslavian	American Red Cross	651-5310	7 days/wk 24 hrs/day

Other Sources for Interpreters

Cyracom over the phone language interpretation services
Savannah Baptist Association - Seamens' Shelter - 354-5831
Armstrong Atlantic State University - 927-5289
Savannah State College - 356-2186 (Information)
Chatham County Courthouse - 652-7175

00943

AUXILLARY AIDS PROVIDED TO VISUALLY IMPAIRED PERSONS AND OTHER SENSORY OR MANUAL IMPAIRED PERSONS

Savannah Association for the Blind, Inc.
214 Drayton Street
Savannah, GA 31402
912-236-4473

Vision aids, talking books, voice activated
clocks, low vision aids, low vision testing

Division of Rehabilitation Services
420 Mall Blvd.
Savannah, GA 31406
912-356-2226

Mobility instructions, daily living, retraining
for new job, employment assistance

Savannah Speech and Hearing Center
1206 E. 66th Street
Savannah, GA 31404
912-355-4601

Hearing tests, hearing aids, community educa-
tion, speech and hearing screening

Talking Book Center
Chatham County Public Library
2002 Bull Street
Savannah, GA 31401
912-652-3600

Talking books, magazines; machines for the
blind, braille

CareSouth Savannah Office:

For persons with other sensory or manual impairment, wheelchairs, walkers, color coding
devices, vocaid nonverbal communication picture board, readers, cassettes, tapes, etc. are
available through the Savannah Association for the Blind or the National Association of the
Blind.

CIVIL RIGHTS CLEARANCE INFORMATION

504 TRANSLATORS

SIGN LANGUAGE INTERPRETER

Georgia Interpreting Services Network
1-800-228-4992
Hours 8:30 a.m.-5:00 p.m.

00944

<i>St. Joseph's/ Candler Home Healthcare</i>	<p style="text-align: center;">Policy/Procedure</p> <p>Title: Communication Facilitation For Coordination of Patient Services</p> <p>Section: Continuum of Care</p>	<p>Policy No: CC-100</p>
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Policy Statement

It shall be the policy of St. Joseph's/Candler Home Health Services, Inc. to provide current patient information to the attending physician; to keep members of the health care team informed of patient status; and provide or assist in patient communication facilitation by obtaining special devices, interpreters or other aids to enhance understanding.

Purpose(s) of Policy

- A. To provide effective communication with the patient's physician.
- B. To provide effective communication between all care providers.
- C. To provide effective communication with patients who have impaired hearing and/or speech and patients who do not speak and/or understand English.
- D. To comply with Joint Commission on Accreditation of Healthcare Organizations (JCAHO) Standards.

Entities to Which This Policy Applies

St. Joseph's/Candler Home Health Services, Inc.

Definition of Terms

Interpreter - a bilingual, multilingual, or specially trained individual assisting in effective communication.

Leader - all members of management staff within the agency.

Patients - an individual who receives care or services, or one who may be represented by an appropriately authorized person.

Patients* - represents patient/family/support person

Skilled Discipline - Registered Nurse (RN), Physical Therapist (PT), Speech Therapist (SLP)

00945

Procedure

A. The procedure for communication with physician shall be as follows:

1. The Patient Care Coordinator or Skilled Discipline shall complete the Plan of Care with the 60-Day Summary to submit to the attending physician every fifty-six to sixty (56-60) days for review and signature.
2. The Patient Care Coordinator /Staff Nurse/ Therapist shall:
 - a. Communicate with the physician:
 - 1) when changes occur in the patient's condition,
 - 2) when results of relevant laboratory tests become available,
 - 3) when changes occur in the patient's expected response to treatment or medications,
 - 4) when changes occur in the caregiver support or the environment that could negatively impact on the patient's health. This shall be done in a timely manner and documented.
 - b. Submit a "Doctor's Order" to physician for signature as applicable.
 - c. Upon discharge, complete a "Discharge Summary" that shall be available upon physician request.
3. The Quality Management Department/Designee shall send a "Customer Satisfaction Survey for Physicians" annually to a random selection of physicians. (Refer to policy on "Patient/ Physician Satisfaction and Grievance Process")

B. The procedure for communication among leaders to agency staff shall be as follows:

1. Leaders are responsible for integrating all care and services provided by the organization. This integration is facilitated by communication and coordination among leaders, departments, and organization components. Integration enables individuals to work together on a variety of activities, such as coordinating care and services, medication management, studying issues affecting the quality of care and services and planning for care and services. Leaders shall individually and jointly develop and participate in systematic and effective mechanisms for fostering communication between and among individuals and components of the organization, coordinating internal activities and communicating with any health care delivery organization(s) that is corporately or functionally related to the organization by, but not limited to the following mechanisms:
 - a. Branch/Team Leader meetings;
 - b. Staff meetings;
 - c. Verbal/Written reports (e.g. memos, meeting minutes);
 - d. Telephone conferences;
 - e. Case conferences;
 - f. Special Task Force meetings;
 - g. Retreats;
 - h. Workshops/Clinical Presentations;
 - i. Mission & Vision Statements;
 - j. Strategic and Corporate Compliance Plans;
 - k. Performance evaluations;

00946

- l. CQI Indicators;
 - m. Education Programs/Inservices;
 - n. Newsletters;
 - o. Bulletin Board Postings.
2. Leaders communicate organization's plans to all staff throughout the organization. (May include agency's mission/strategic plan, corporate compliance plan, etc.)

C. The procedure for communication among staff providing patient care shall be as follows:

1. Ongoing communication with the patients* and other staff providing care is necessary to address changes in the patient's needs, goals, care, services to be provided, or physician's orders in order for services to be complimentary and reflect cooperative care planning. When it is necessary for the patient to receive care from different staff members of various disciplines, a verbal or written report of the current patient status shall be given by the primary staff member (Refer to policy TX-104 on Care Planning Process).
 - a. Methods of communicating shall be appropriate to the needs/abilities of the patient*, inclusive of all staff providing care, relevant to care or services provided, and carried out in a timely manner.
 - b. Communication shall occur with other agencies providing services to the patient. This communication shall be documented within the computer system for the specific discipline, as applicable, and is made to ensure that staff understands each organization's responsibility in providing care/services, to notify the agency when there are significant changes in the patient's overall care and to prevent a duplication or conflict of services. Pertinent clinical information shall be requested (eg: summaries or copies of records) to enhance coordination between the agencies. This information shall be placed on the patient home care record.
2. Patient information shall be communicated, in a manner consistent with applicable law and regulation, to any health care organization or provider to which the patient is admitted, referred, transferred, or discharged (Refer to policy PE-100 Acceptance, Admission, Transfer & Discharge.)
3. Relevant patient information shall facilitate coordination within the organization, between organizations and within the community. Examples of communication include, but not limited to:
 - a. Case conference
 - b. On Call Logs
 - c. Compliment/Comment
 - d. Grievance
 - e. Customer Satisfaction Survey for Patients
 - f. Customer Satisfaction Survey for Physicians
 - g. Nursing Discharge Summary and Rehabilitation Services Summary
 - h. Incident/Occurrence reports
 - i. Telephone calls among staff, to physicians, to other health care providers from the community.
 - j. CQI Indicators

- k. Education - In-services
- l. Lab Reports
- m. Communication/Care Coordination
- n. Home Teaching Guides
- o. Internally & externally generated data and information
- p. Transfer summary
- q. Medication profile

D. The procedure for communication facilitation for the patient* shall be as follows:

1. Staff consistently and clearly communicate in a language or form that patients* can reasonably understand.
2. When communication barriers exist, (e.g., individuals who are hearing and/or speech impaired, do not speak/understand English, have expressive aphasia, or have limited education), the staff shall attempt to facilitate communication through a family member or friend who has effective communication skills with the individual. **EXCEPTION: Legal Forms such as treatment consent. In these cases, staff must use the system employees only.**
 - a. If a family member or friend of the patient is not available to assist the agency, the agency Medical Social Worker may be contacted to assist with providing an appropriate interpreter or signer.
 - b. The Case Management and Social Services Department at St. Joseph's/Candler Hospital shall be available during regular business hours or contacted through the hospital operator when the office is not open.
 - c. Refer to the attached guide of Foreign Language Interpreters and Signers as needed.
 - d. Use of the Cyracom phone is available to access interpreters or call 1-800-481-3293.
3. Communication aids such as home teaching guides are written on an 8th grade level or lower when possible, and are given to patients* as applicable.

Approved:

Name, Title

Date

Original Implementation Date: 2/92 Advantage/CareSouth 11/1/95

Next Review Date: 12/05,6/06, 6/09

Originating Department/Committee: Clinical Policy & Procedure Committee

Reviewed: 12/02, 6/06

Revised: 9/93,11/95,6/96,3/97,4/98,9/00,5/01,10/02,1/03

Rescinded:

Former Policy #(s): Admin 113, CC-101 Advantage/CareSouth 9:35

Legal Reference:

Cross Reference:

Reference:



"We feel stronger when
we walk frequently.
And we have a more
positive outlook."

Many falls can be prevented.
By making some changes,
you can lower your chances
of falling.

Four things **YOU** can do to prevent falls:

- ① **Begin a regular
exercise program**
- ② **Have your health
care provider review
your medicines**
- ③ **Have your vision
checked**
- ④ **Make your home
safer**

What **YOU** Can Do



To Prevent Falls

CDC FOUNDATION
MetLife Foundation



Department of Health and Human Services
Centers for Disease Control and Prevention

For more information, contact:
Centers for Disease Control and Prevention
770-488-1506
www.cdc.gov/injury



CDC FOUNDATION

MetLife Foundation





"I thought I was too old to learn Tai Chi. But I enjoy the classes and my balance is much better."

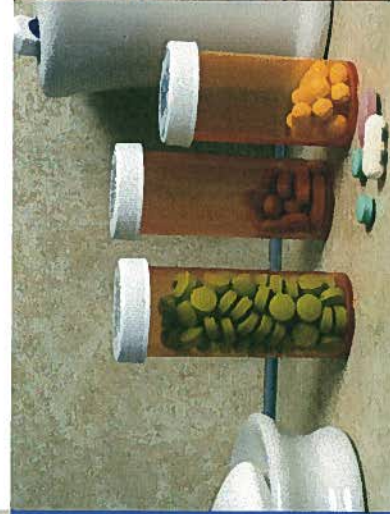
Four things YOU can do to prevent falls:

1 Begin a regular exercise program

Exercise is one of the most important ways to lower your chances of falling. It makes you stronger and helps you feel better. Exercises that improve balance and coordination (like Tai Chi) are the most helpful.

Lack of exercise leads to weakness and increases your chances of falling.

Ask your doctor or health care provider about the best type of exercise program for you.



2 Have your health care provider review your medicines

Have your doctor or pharmacist review all the medicines you take, even over-the-counter medicines. As you get older, the way medicines work in your body can change. Some medicines, or combinations of medicines, can make you sleepy or dizzy and can cause you to fall.

3 Have your vision checked

Have your eyes checked by an eye doctor at least once a year. You may be wearing the wrong glasses or have a condition like glaucoma or cataracts that limits your vision. Poor vision can increase your chances of falling.



4 Make your home safer

About half of all falls happen at home. To make your home safer:

- ☐ Remove things you can trip over (like papers, books, clothes, and shoes) from stairs and places where you walk.
- ☐ Remove small throw rugs or use double-sided tape to keep the rugs from slipping.
- ☐ Keep items you use often in cabinets you can reach easily without using a step stool.
- ☐ Have grab bars put in next to your toilet and in the tub or shower.
- ☐ Use non-slip mats in the bathtub and on shower floors.
- ☐ Improve the lighting in your home. As you get older, you need brighter lights to see well. Hang light-weight curtains or shades to reduce glare.
- ☐ Have handrails and lights put in on all staircases.
- ☐ Wear shoes both inside and outside the house. Avoid going barefoot or wearing slippers.



“Nos sentimos más fuertes cuando caminamos con frecuencia. También tenemos una actitud más positiva frente a la vida”.

Muchas caídas pueden prevenirse. Con unos cuantos cambios se puede disminuir las posibilidades de una caída.

Cuatro cosas que USTED pueden hacer para prevenir caídas:

- 1** Comience un programa de ejercicio rutinario
- 2** Pídale a su proveedor de atención médica que revise sus medicinas
- 3** Examínese la vista
- 4** Haga más seguro su hogar

Cosas que USTED puede hacer



para prevenir

caídas



Department of Health and Human Services
Centers for Disease Control and Prevention

Para más información, póngase en contacto con:
Centers for Disease Control and Prevention
770-488-1506
www.cdc.gov/injury





“Creía que ya estaba muy viejo para aprender Tai Chi, pero disfruto las clases y mi equilibrio ha mejorado mucho”.

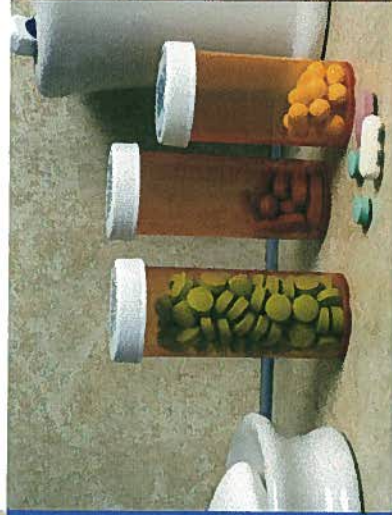
Cuatro cosas que USTED puede hacer para prevenir caídas:

1 Comience un programa de ejercicio rutinario

Hacer ejercicio no solo es una de la formas más importantes que hay para disminuir las posibilidades de una caída, sino que lo fortalece y le ayuda a sentirse mejor. Los ejercicios que mejoran el equilibrio y la coordinación, como el Tai Chi, son los más beneficiosos.

La falta de ejercicio conduce a la debilidad y aumenta las posibilidades de una caída.

Pídale a su médico o proveedor de servicios médicos que le diga cuál es el mejor programa de ejercicios para usted.

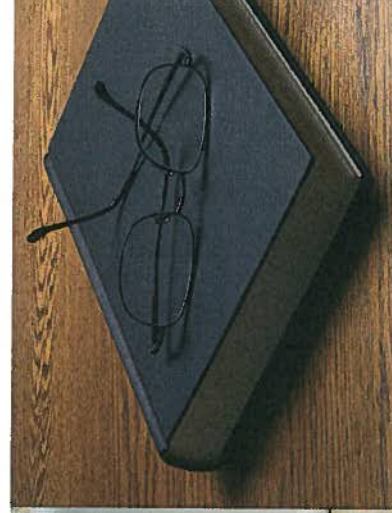


2 Pídale a su proveedor de atención médica que revise sus medicinas

Pídale a su médico o farmacéutico que revise todas las medicinas que está tomando, incluidas las que no requieren receta. A medida que usted envejece, puede cambiar la manera como reaccionan las medicinas en su cuerpo. Algunas medicinas, o combinación de medicinas, pueden darle sueño o causar mareos y provocar una caída.

3 Exáminese la vista

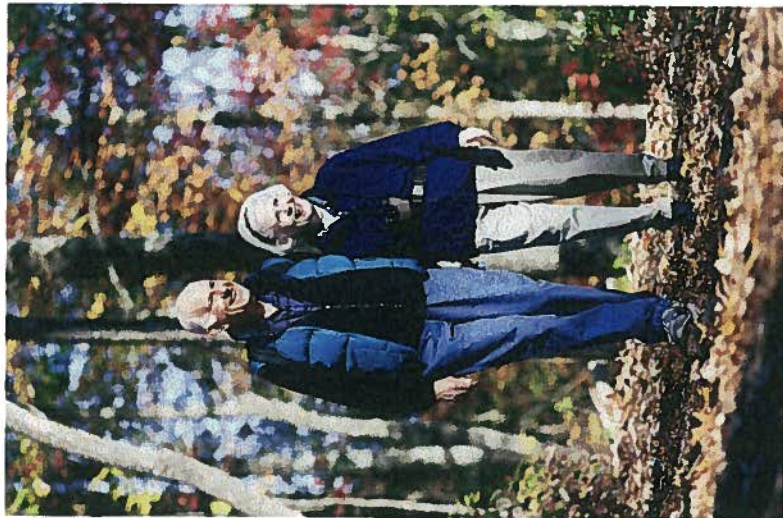
Vaya a un oftalmólogo para que le examine los ojos por lo menos una vez al año. Podría estar usando anteojos incorrectos o tener una condición como glaucoma o cataratas que le impiden ver bien. La visión defectuosa puede aumentar el riesgo de una caída.



4 Haga más seguro su hogar

Casi la mitad de las caídas ocurren en casa. Para hacer su hogar más seguro:

- ☐ Quite las cosas con las que pueda tropezarse (como papeles, libros, ropa y zapatos) de las escaleras y los lugares por los que usted camina.
- ☐ Quite las alfombras pequeñas o use una cinta con adhesivo en ambos lados para evitar que se resbalen las alfombras.
- ☐ Coloque las cosas que usa con mayor frecuencia en los estantes inferiores para poder alcanzarlas con facilidad y sin necesidad de usar escaleras plegables.
- ☐ Instale barras para sostenerse junto a su inodoro y en la bañera o en la ducha.
- ☐ Use alfombras antiresbalantes en el suelo de la bañera y de la ducha.
- ☐ Mejore el alumbrado en su casa. Al ir envejeciendo, necesitará luces más brillantes para ver bien. Coloque cortinas o persianas ligeras para reducir el resplandor.
- ☐ Coloque pasamanos y luces en todas las escaleras.
- ☐ Use zapatos tanto dentro como fuera de su hogar. Trate de no caminar descalzo ni usar pantuflas.



「我們在經常散步時，
感到更加強壯，
而且我們的世界
觀也更加積極。」

許多時候，摔倒是可以預防。通過某些改變，您可減少摔倒的機會。

您為了防止摔倒而能夠做的四件事情：

- ① 開始一項定期鍛煉計劃
- ② 請您的健康護理提供者檢查您的藥物
- ③ 接受視力檢查
- ④ 提高住宅的安全

您可如何



預防摔倒

CDC FOUNDATION
MetLife Foundation



Department of Health and Human Services
Centers for Disease Control and Prevention

欲知詳情，請洽：

Centers for Disease Control and Prevention

770-488-1506

www.cdc.gov/injury



CDC FOUNDATION

MetLife Foundation





「我以為自己太老，
不能夠學太極拳了。
但是，我很喜歡上太極
拳的課，我的平衡能力
也好了很多。」

您為了防止摔倒而能 夠做的四件事情：

① 開始一項定期鍛煉計劃

鍛煉是減少摔倒的機會的最重要的方法之一。鍛煉使您更加強壯，並幫助您感覺更好。改善平衡及協調的鍛煉（如太極拳）幫助作用最大。

缺乏鍛煉會導致身體虛弱，從而增加您摔倒的機會。

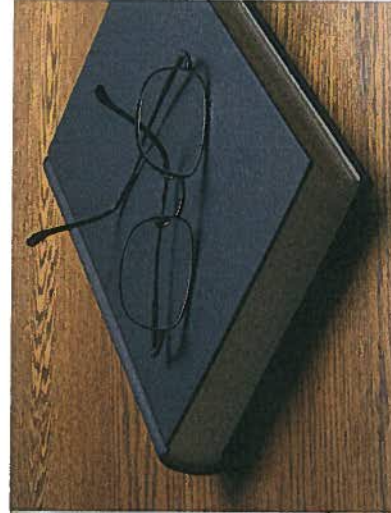
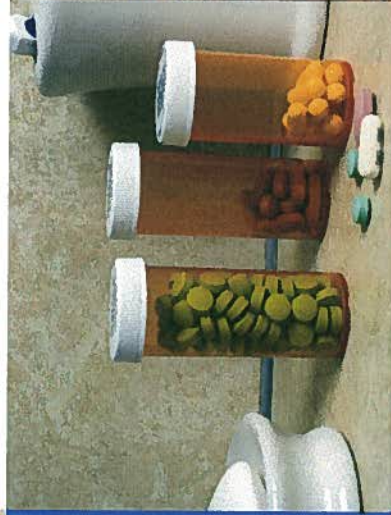
詢問您的醫生或健康護理提供者何種類型的鍛煉計劃對您最為合適。

② 請您的健康護理提供者檢查您的藥物

請您的醫生或藥劑師檢查您服用的所有藥物，甚至檢查非處方藥物。隨著您的年齡增加，藥物在體內生效的方式可能會改變。某些藥物或藥物組合會使您瞌睡或頭暈，從而增加您摔倒的風險。

③ 接受視力檢查

每年至少由眼科醫生檢查一次您的視力。您可能佩戴了不合適的眼鏡，或罹患白內障或青光眼等疾病，使您的視力受限。視力不佳可能會增加您摔倒的風險。



④ 提高住宅的安全

大約有一半人的摔倒是在家中發生的。為了提高住宅的安全：

■ 從樓梯及走廊通道拿掉會使您絆倒的東西(如紙張、書籍、衣服和鞋子)。

■ 將所有小地毯拿走，或使用雙面膠帶，防止小地毯滑動。

■ 將您經常使用的東西放在不需要用梯凳就能夠很容易伸手拿到的櫥櫃中。

■ 在您的馬桶、浴缸或淋浴室旁安裝扶手桿。

■ 在浴缸或淋浴室地板上安設防滑橡膠墊。

■ 改善家中照明。隨著您的年齡增加，您需要更加明亮的電燈，才能夠看清。懸掛質地較輕的窗簾，以減少反光。

■ 在所有樓梯上安裝扶手及電燈。

■ 在屋內外都要穿鞋。避免光腳或穿拖鞋。

Contents

- Authors and Editors
- CME/CE/CPD
- Policies
- Educational Objectives
- Events Calendar
- Medical Society Affiliations
- Contact Us

Contents: Patient Information

UpToDate offers different levels of patient education materials to meet the varying information needs of your patients.

The Basics


"The Basics" are short (1 to 3 page) articles written in plain language. They answer the 4 or 5 most important questions a person might have about a medical problem. These articles are best for people who want a general overview.

[View all The Basics](#)

Beyond the Basics

"Beyond the Basics" articles are 5 to 10 pages long and more detailed than "The Basics". These articles are best for readers who want a lot of detailed information and who are comfortable with some technical medical terms.

[View all Beyond the Basics](#)



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To view a list of all available topics, click on the appropriate health category below.

Exhibit (12)

SAVANNAH DIVISION			
Name	RN Status	# Years Home Care Experience	# Years RN Experience
Cole, Courtney	FT	1 yr	3 yrs 8 mos
Mills, Holly	FT	1 yr 4 mos	4 yrs 4 mos
Walden, Kim	PTC	16 yrs	18 yrs
Rieder, Mary	PTC	29 yrs	53 yrs
Grant, Melinda	FT	16 yrs	18 yrs 8 mos
Hoffman, Melissa	FT	2 yrs 6 mos	13 yrs 8 mos
Elam, Pam	FT	19 yrs 6 mos	20 yrs
McMichael, Robin	PTC	1yr 8 mos	19 yrs 7 mos
Traylor, Sheri	PTC	4 mos	4 yrs 4 mos
O'Connor, Sue	FT	8 yrs	15 yrs 8 mos
as of 10/13/11			

Administrator

Assist. Administrator

00957

HINESVILLE DIVISION			
Name	RN Status	# Years Home Care Experience	# Years RN Experience
Anderson, Maressa	PTC	3	6
Rowland, Nancy	PTC	20	35
Vice, Tena	PTC	15	25
Watkins, Kathy	FT	12	25
Bryden, Susan	FT	1	9
Donaldson, Karen	FT	1	5
Faulk, Blair	FT	3	31
Kelly, Kristy	FT	12	14
Luong, Joanne	FT	18	30
Madorma, Barbara	FT	3 months	4
Slaven, Helen	FT	2	15
Thompson, Erica	FT	1	3
Warren, Phyllis	PTC	24	39
Washington, Vernita	PTC	7	11
Wedeking, Tammy	FT	2	15
Wheeler, Dawn	PTC	3	8
McMillan, Brenda	FT	2	25
Howard, Donna	FT	25	35
Miller, Mary	FT	25	26
Hunt, Toni	FT	15	28
Smith, Linda	FT	17	21
Tyre, Jeanie	PTC	25	34
Carreras, Birgit	FT	28	38

LPN

LPN

Continues Quality Improvement

Administrator

Reg. CQI/Staff Development Manager

Central Intake

Central Intake

Assist. Administrator

Reg. Vice President

BRUNSWICK DIVISION			
Name	RN Status	# Years Home Care Experience	# Years RN Experience
Bowman, Shannon	PTB	13	14
Burkhart, Melinda	PTB	5	16
Clark, Sherri(LPN)	FT	20	22
Crosby, Flordeliz	FT	21	32
Traci Dewitt	PTC	18	19
Dowling, Sylvia	FT	20	25
Helms, Sharon	FT	20	26
Hennen, Anna	PTB	9	18
Hicks, Laura	PTB	31	36
Miller, Robin	FT	1	32
Moody, Lamona	FT	1	6
Rozier, Terri	PTC	17	18
Scott, Diane	PTB	16 1/2	23
Thorn, JoAnn	FT	20	22
Tyre, Kathy	FT	21	40
Tyson, Cheryl	FT	18	28
Williams, Marcia	FT	1	4

Reg CQ/Staff Development Assistant
Assistant Administrator

QIS Nurse

PCC

Administrator

PCC

Curriculum Vitae

Personal Information

Name: Birgit Carreras RN, CHCE, CCM, ABDA

Birth Date: May 10.1953

Place of Birth: Dillenburg, Germany

Citizenship: U.S.A

Home Address: 208 West General Stewart Way
Hinesville, Georgia 31313

Home Telephone number: (912-876-4331)/ Cell (1-912-492-0572)

Work Telephone number: (912-368-5064)

E-Mail: Carrerasb@sjchs.org

Marital Status: Married 12-16-1977, Spouse - Luis Carreras
Children: Christian L. Carreras (1/28/79-12.20.2000)

Current

Licensure Status: Register Nurse Germany , Regierungspresident/
Darmstadt.

Registered Nurse License, Georgia # R 66039

Registered Nurse License, South Carolina,
R00072763

Current

Certification Status: Certified Case Manager (CCM) # 06004, (CIRSC)

Senior Disability Analyst and Diplomate #4340-97
(ABDA)

Certified Home Care Executive (CHCE), NAHC

00960

Healthcare Management and Leadership (GHA)

Education:

**Town and County Hospital Wetzlar, Germany
Diploma School of Nursing.
Registered Nurse 1973.**

**Deutscher Gewerkschafts Bund, Frankfurt, Germany
Nursing Management Degree, 1975**

**St.Joseph's College, Windham, Maine
BSPA concentration in Health Care Administration,
1999.**

Business Positions:

**06/2004 to present Reg.Vicepresident CareSouth
Management/St.Joseph's/Candler Home Healthcare
Savannah, Georgia.**

**07/1998 to 06/2004 Regional Director CareSouth
Management/St.Joseph's/Candler Home Healthcare
Savannah, Georgia**

**01/1994 to 07/1998 Administrator CareSouth
Homecare Professionals formerly Healthmaster Home
Health Care, Inc. Savannah, Georgia**

**02/1992 to 01/1994 Assistant Administrator
Healthmaster Home Health Care, Inc. Hinesville,
Georgia.**

**01/1989 to 02/1992 Branch Manager, Healthmaster
Home Healthcare, Inc. Hinesville, Georgia.**

**12/1986 to 12/1988 Branch Manager Ameri Care
Home Health Services, Memorial Medical Center,
Hinesville, Georgia. Formerly ABC Home Health
Services**

**04/1983 to 12/1986 Branch Manager ABC Home
Health Services, Hinesville, Georgia.**

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10/1977 to 9/1978 Nurse Educator, Bundeswehr Krankenhaus (German Military Hospital), Giessen, Germany. Spouse transferred to US.

07/1976 to 10/1977 Assistant Head nurse/Clinical Supervisor EENT clinics and nursing unit. Bundeswehr Krankenhaus (German Military Hospital), Giessen, Germany.

09/1973 to 07/1976 Assistant Head Nurse E.E.N.T Assistant Head nurse Trauma unit and Head nurse oral maxillofacial surgery. Town and County Hospital, Wetzlar, Germany

SJC Home Care / SJC System

Appointments:

SJC System

- **Administrative Policy and Procedure Steering Committee**
- **Mission and Value Committee**
- **Bio-Ethics Committee**
- **Physician Liaison**
- **Directors Council**
- **Smart Service Steering Committee**
- **Leadership Development Steering Committee (LEADS)**
- **IT Engagement Steering Committee**

Home Care

- **Administrative Council Committee**
- **Advisory Board**
- **IT Management Steering Committee**
- **Marketing /Sales Committee**
- **Staff Education/Development Committee**
- **QIS Committee**

00962

Memberships:

- **Association of the United States Army. (AUSA)**
- **Liberty County Chamber of Commerce**
- **Georgia Association for Home Health Care Agencies (GAHCA)**
- **Serving on the Educational Committee (GAHCA)**
- **Gerontology Society of Georgia**
- **Member, Presidents Club North Georgia College and State University, Dahlonega Ga.**
- **Commission of Certified Case Managers**
- **American Board of Disability Analysts**

Philanthropies

- **Christian L. Carreras Memorial Military Scholarship.**
Two scholarships to Marine or Military ROTC, North Georgia College and State University, Dahlonega.
- **Bethesda Boys Home Savannah**
- **Hinesville Animal Shelter**
- **Food Animal Concerns Trust (FACT)**
- **Human Farming Association**
- **SJC Foundation (Give Smart)**

00963

Exhibit (13)

Savannah - 117143						Brunswick - 117088			
Quality Measure	2008		2009			2008		2009	
	Top 20% Performers	Top 20% Improved	Top 20% Performers	Top 20% Improved		Top 20% Performers	Top 20% Improved	Top 20% Performers	Top 20% Improved
ACH	X	-	X	-		X	-	X	-
Emergent Care	-	X	x	-		-	-	-	-
Surgical Wounds	-	-	-	-		-	-	-	X
Oral Medications	-	-	x	-		X	-	X	-
Ambulation	X		X	-		X	-	-	-
Transferring	X		X	-		X	-	X	-
Bathing	X		-	-		-	-	x	-

Placed in the top 20% performers for 2008 and 2009

Home Health Pay-for-Performance (HHP4P) Demonstration - Year 1 Results
TOP PERFORMERS - sorted by region, then score within state

MEASURE = **ACUTE CARE HOSPITALIZATION**

CCN	HHA Name	HHA City	HHA State	Region	Performance State Rank
077166	McLean Home Care & Hospice	Simsbury	CT	1	1
077063	New Milford VNA, Inc.	New Milford	CT	1	2
077224	Mercy Community Home Care Services, Inc.	West Hartford	CT	1	3
077028	Visiting Nurse Services of CT, Inc.	Bridgeport	CT	1	4
077017	VNA East, Inc.	Mansfield Center	CT	1	5
227091	VNA of Middlesex East	Wakefield	MA	1	1
227028	Chicopee VNA	Chicopee	MA	1	2
227116	Quaboag Valley VNA / Wing Memorial Hosp. Corp.	Palmer	MA	1	3
227082	South Shore Visiting Nurse Association	Braintree	MA	1	4
227207	Partners Home Care, Inc.	Waltham	MA	1	5
147875	Rising Sun Home Health Care, Inc.	La Grange	IL	2	1
147934	Prohealth Homecare, LLC	Lincolnwood	IL	2	2
147459	PrairieLand Home Care	Spring Valley	IL	2	3
147088	SSM Home Care At St. Mary's Good Samaritan	Mount Vernon	IL	2	4
147048	Home Health Services of CHO	Ottawa	IL	2	5
147297	Community Alliance Home Health	Aurora	IL	2	6
147897	Medical City Home Health Corporation	Cicero	IL	2	7
147751	Excellent Home Health Care, Inc.	Skokie	IL	2	8
147112	VNA HomeCare, Inc.	Herrin	IL	2	9
147150	Advocate Home Health Care Services	Oak Brook	IL	2	10
147820	Home Bound Healthcare, Inc.	Hazel Crest	IL	2	11
147476	Williamson County Programs On Aging	Herrin	IL	2	12
147794	Assure Home Healthcare, Inc.	Skokie	IL	2	13
017816	Coffee County Home Care	Enterprise	AL	3	1
017016	Southeast AL Medical Center Home Health	Dothan	AL	3	2
017157	Amedisys Home Health of Opelika	Opelika	AL	3	3
017135	Community Home Care	Tallassee	AL	3	4
017091	Hale County Hospital Home Health	Greensboro	AL	3	5
017144	WMC Home Health Services	Cullman	AL	3	6
117088	St. Joseph's / Candler Home Healthcare, Inc.	Brunswick	GA	3	1
117143	St. Joseph's / Candler Home Healthcare, Inc.	Savannah	GA	3	2
117023	Central Georgia Home Health	Macon	GA	3	3
117071	VNA of Cordele, Inc.	Cordele	GA	3	4
117319	Tanner Home Health Services	Carrollton	GA	3	5
117019	St. Mary's Home Health Care	Athens	GA	3	6
447415	Medical Center HomeCare Services	Johnson City	TN	3	1
447124	Senior Services Home Health	Memphis	TN	3	2
447492	Sunbelt Homecare	Jellico	TN	3	3
447269	Family Home Care, Cleveland	Cleveland	TN	3	4
447408	Maury Regional Home Services	Columbia	TN	3	5
447214	Procure Home Health Services	Johnson City	TN	3	6
447126	NHC Homecare - Chattanooga	Hixson	TN	3	7
447150	St. Mary's Home Care Services	Knoxville	TN	3	8

Home Health Pay-for-Performance (HHP4P) Demonstration - Year 1 Results
TOP PERFORMERS - sorted by region, then score within state

MEASURE = ACUTE CARE HOSPITALIZATION

447101	Medical Center Home Health	Jackson	TN	3	9
447422	Amedisys Home Health	Johnson City	TN	3	10
557747	Asian Network Pacific Home Care, Inc.	Oakland	CA	4	1
057256	St. Joseph Home Care - Humboldt	Eureka	CA	4	2
557519	Tulare Home Care	Tulare	CA	4	3
058123	Sutter Visiting Nurse Association	San Mateo	CA	4	4
058032	Progressive 2000 Home Health Care	Los Angeles	CA	4	5
057570	Self Help Home Care & Hospice	San Francisco	CA	4	6
057537	Adventist Health/Home Care Services	Simi Valley	CA	4	7
557715	South Coast Medical Center Home Care	Laguna Beach	CA	4	8
057567	PEC Healthcare & Hospice	Garden Grove	CA	4	9
058315	American Care Quest, Inc	San Francisco	CA	4	10
058292	HealthCare California	Fresno	CA	4	11
057205	St. Elizabeth Comm Hosp HHA	Red Bluff	CA	4	12
058052	Catholic Healthcare West - Dominican Home Health	Santa Cruz	CA	4	13

NOTES:

- (1) An agency's rankings reflects its performance relative to all treatment group providers in its state.
- (2) Issuance of incentive payments to a provider is contingent on the demonstration creating Medicare savings in the agency's region to fund those payments. Agencies identified as the highest performers and highest improvers in Region 2 (Midwest) did not receive incentive payments for Year 1 because no Medicare savings were identified in that region in Year 1.

Home Health Pay-for-Performance (HHP4P) Demonstration - Year 1 Results
TOP IMPROVERS - sorted by region, then rate of improvement within state

MEASURE = **ACUTE CARE HOSPITALIZATION**

CCN	HHA Name	HHA City	HHA State	Region	Improvement State Rank
077120	Connecticut VNA Partners, Inc.	East Hartford	CT	1	1
077001	Stratford VNA	Stratford	CT	1	2
227283	Whittier Home Health Care Agency	Haverhill	MA	1	1
227022	Laboure VNS	South Boston	MA	1	2
147070	Menard County Health Department	Petersburg	IL	2	1
147684	Sigma Home Services	Skokie	IL	2	2
147708	VNA Home Health of Illinois, Ltd	Morton Grove	IL	2	3
017097	Clay County Hospital Home Care, LLC	Ashland	AL	3	1
017158	Amedisys Home Health of Fort Payne	Fort Payne	AL	3	2
117041	Coosa Valley Home Health, an Amedisys Company	Rome	GA	3	1
117074	Altamaha Homecare, Inc.	Baxley	GA	3	2
447198	Family Home Care, Inc.	Chattanooga	TN	3	1
447505	Amedisys Home Health Care	Elizabethton	TN	3	2
447566	Guardian Home Care	Franklin	TN	3	3
557685	New Dimension HC	Alhambra	CA	4	1
058293	Benefrance Home Health Services, Inc.	Chino	CA	4	2
057786	Antelope Valley Home Care	Lancaster	CA	4	3
057008	VNA and Hospice of So. California, Inc.	Claremont	CA	4	4

NOTES:

- (1) An agency's rankings reflects its performance relative to all treatment group providers in its state.
(2) Issuance of incentive payments to a provider is contingent on the demonstration creating Medicare savings in the agency's region to fund those payments. Agencies identified as the highest performers and highest improvers in Region 2 (Midwest) did not receive incentive payments for Year 1 because no Medicare savings were identified in that region in Year 1.

Home Health Pay-for-Performance (HHP4P) Demonstration - Year 1 Results

TOP PERFORMERS - sorted by region, then score within state

MEASURE = EMERGENT CARE

CCN	HHA Name	HHA City	HHA State	Region	Performance State Rank
077088	Danbury Visiting Nurse Association, Inc.	Danbury	CT	1	
077074	Nursing & Home Care, Inc.	Wilton	CT	1	2
077166	McLean Home Care & Hospice	Simsbury	CT	1	3
077226	Unison Home Care Services, Inc.	Middletown	CT	1	4
077085	VNA Health at Home, Inc.	Watertown	CT	1	5
227251	Centrus Premier Home Care	Plymouth	MA	1	1
227207	Partners Home Care, Inc.	Waltham	MA	1	2
227091	VNA of Middlesex East	Wakefield	MA	1	3
227076	Parmenter VNA & Community Care, Inc.	Wayland	MA	1	4
227021	VNA & Hospice of Cooley Dickinson, Inc.	Northampton	MA	1	5
147597	Nursing Resource Home Health, Inc.	Harwood Heights	IL	2	1
147660	Professional Home Care Advantage, Inc.	Calumet City	IL	2	2
147751	Excellent Home Health Care, Inc.	Skokie	IL	2	3
147896	Ever Caring Home Health Nursing Agency	Chicago	IL	2	4
147897	Medical City Home Health Corporation	Cicero	IL	2	5
147819	Greatland Home Health Services	Naperville	IL	2	6
147706	Caring Touch, Inc.	Skokie	IL	2	7
147794	Assure Home Healthcare, Inc.	Skokie	IL	2	8
147875	Rising Sun Home Health Care, Inc.	La Grange	IL	2	9
147280	Shay Healthcare Services, Inc.	Oak Forest	IL	2	10
147408	Elmhurst Memorial Home Health	Elmhurst	IL	2	11
147666	Samland Health Care, Inc.	Chicago	IL	2	12
147031	Blessing Home Care	Quincy	IL	2	13
017115	Gadsden Regional Med Ctr Home Health	Attalla	AL	3	1
017326	Alacare Home Health Services, Inc. Decatur	Decatur	AL	3	2
017305	Amedisys Home Health of Anniston	Anniston	AL	3	3
017106	Evergreen Home Care	Evergreen	AL	3	4
017100	Marion Regional Home Care	Hamilton	AL	3	5
017016	Southeast AL Medical Center Home Health	Dothan	AL	3	6
117040	VNA of Southwest Georgia, Inc.	Bainbridge	GA	3	1
117041	Coosa Valley Home Health, an Amedisys Company	Rome	GA	3	2
117143	St. Joseph's / Candler Home Healthcare, Inc.	Savannah	GA	3	3
117093	Amedisys Home Health of Macon	Macon	GA	3	4
117039	Central Home Health Care, an Amedisys Company	Atlanta	GA	3	5
117045	Amedisys Home Health of Griffin	Griffin	GA	3	6
447422	Amedisys Home Health	Johnson City	TN	3	1
447206	Amedisys Home Care	Nashville	TN	3	2
447503	Professional Home Health Care, LLC DBA CareAll HomeCare	Alamo	TN	3	3
447198	Family Home Care, Inc.	Chattanooga	TN	3	4
447505	Amedisys Home Health Care	Elizabethton	TN	3	5
447269	Family Home Care, Cleveland	Cleveland	TN	3	6
447124	Senior Services Home Health	Memphis	TN	3	7
447264	Hardin County General Hospital Home Health	Savannah	TN	3	8

Home Health Pay-for-Performance (HHP4P) Demonstration - Year 1 Results**TOP PERFORMERS - sorted by region, then score within state**

447214	Procare Home Health Services	Johnson City	TN	3	9
447415	Medical Center HomeCare Services	Johnson City	TN	3	10
058329	Jemini Home Health Services	Lancaster	CA	4	1
557797	VIP Home Health Care Agency	Alhambra	CA	4	2
058128	Lifeline At Home	Arcadia	CA	4	3
057445	Accredited Home Health Services	Woodland Hills	CA	4	4
057433	AC Home Health Agency, Inc.	Los Angeles	CA	4	5
557479	Pegasus HH Care	Glendale	CA	4	6
058254	Angel City Family Care Services, Inc.	Cerritos	CA	4	7
058293	Benefrance Home Health Services, Inc.	Chino	CA	4	8
557494	Excel Home Health	La Mesa	CA	4	9
557747	Asian Network Pacific Home Care, Inc.	Oakland	CA	4	10
057256	St. Joseph Home Care - Humboldt	Eureka	CA	4	11
058304	Oso Home Care, Inc.	Irvine	CA	4	12
557171	Interim Healthcare	Modesto	CA	4	13

NOTES:

(1) An agency's rankings reflects its performance relative to all treatment group providers in its state.

(2) Issuance of incentive payments to a provider is contingent on the demonstration creating Medicare savings in the agency's region to fund those payments. Agencies identified as the highest performers and highest improvers in Region 2 (Midwest) did not receive incentive payments for Year 1 because no Medicare savings were identified in that region in Year 1.

Home Health Pay-for-Performance (HHP4P) Demonstration - Year 1 Results
TOP IMPROVERS - sorted by region, then rate of improvement within state

MEASURE = **EMERGENT CARE**

CCN	HHA Name	HHA City	HHA State	Region	Improvement State Rank
077223	Utopia Home Care, Inc.	East Haven	CT	1	1
077001	Stratford VNA	Stratford	CT	1	2
227283	Whittier Home Health Care Agency	Haverhill	MA	1	1
147934	Prohealth Homecare, LLC	Lincolnwood	IL	2	1
147476	Williamson County Programs On Aging	Herrin	IL	2	2
147070	Menard County Health Department	Petersburg	IL	2	3
147719	Care In The Home Health Services	Wilmette	IL	2	4
017028	Baptist Home Care Services	Birmingham	AL	3	1
017816	Coffee County Home Care	Enterprise	AL	3	2
117067	Interim Healthcare of Atlanta, Inc.	Atlanta	GA	3	1
117059	CSRA Home Health Agency, Inc.	Washington	GA	3	2
447138	Deaconess HomeCare	Mount Juliet	TN	3	1
447150	St. Mary's Home Care Services	Knoxville	TN	3	2
057678	AccentCare Home Health of California, Inc.	Ontario	CA	4	1
557280	Dynamic Home Care	Sherman Oaks	CA	4	2
057537	Adventist Health/Home Care Services	Simi Valley	CA	4	3
058123	Sutter Visiting Nurse Association	San Mateo	CA	4	4

NOTES:

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Home Health Pay-for-Performance (HHP4P) Demonstration - Year 1 Results
TOP PERFORMERS - sorted by region, then score within state

MEASURE = STATUS OF SURGICAL WOUNDS

CCN	HHA Name	HHA City	HHA State	Region	Performance State Rank
077017	VNA East, Inc.	Mansfield Center	CT	1	1
077079	Visiting Nurses of The Lower Valley	Centerbrook	CT	1	2
077001	Stratford VNA	Stratford	CT	1	3
077134	Interim Healthcare of Hartford, Inc.	Farmington	CT	1	4
077085	VNA Health at Home, Inc.	Watertown	CT	1	5
227116	Quaboag Valley VNA / Wing Memorial Hosp. Corp.	Palmer	MA	1	1
227053	Greater Medford Visiting Nurse Association	Medford	MA	1	2
227091	VNA of Middlesex East	Wakefield	MA	1	3
227022	Laboure VNS	South Boston	MA	1	4
227028	Chicopee VNA	Chicopee	MA	1	5
147913	Home Bound Healthcare, Inc.	Moline	IL	2	1
147221	Cass County Home Health Agency	Virginia	IL	2	2
147571	Hospital Home Health	Anna	IL	2	3
147726	Girling Health Care, Inc.	North Riverside	IL	2	4
147503	Heartland Home Nursing Inc.	Sterling	IL	2	5
147280	Shay Healthcare Services, Inc.	Oak Forest	IL	2	6
147435	Ingalls Home Care	Harvey	IL	2	7
147666	Samland Health Care, Inc.	Chicago	IL	2	8
147086	Clay Home Health Services	Flora	IL	2	9
017115	Gadsden Regional Med Ctr Home Health	Attalla	AL	3	1
017016	Southeast AL Medical Center Home Health	Dothan	AL	3	2
017158	Amedisys Home Health of Fort Payne	Fort Payne	AL	3	3
017106	Evergreen Home Care	Evergreen	AL	3	4
017326	Alacare Home Health Services, Inc. Decatur	Decatur	AL	3	5
117092	United Home Care of South Atlanta	Griffin	GA	3	1
117316	Atkinson Visiting Nurses Service	Pearson	GA	3	2
117317	Charlton Visiting Nurses Service	Nahunta	GA	3	3
117040	VNA of Southwest Georgia, Inc.	Bainbridge	GA	3	4
117045	Amedisys Home Health of Griffin	Griffin	GA	3	5
447474	Sumner Home Care and Hospice, LLC	Carthage	TN	3	1
447505	Amedisys Home Health Care	Elizabethton	TN	3	2
447264	Hardin County General Hospital Home Health	Savannah	TN	3	3
447276	NHC Homecare - Springfield	Springfield	TN	3	4
447206	Amedisys Home Care	Nashville	TN	3	5
447558	Amedisys Home Health of Nashville (Cumberland Bend)	Nashville	TN	3	6
447559	Guardian Home Care, LLC	Hixson	TN	3	7
447269	Family Home Care, Cleveland	Cleveland	TN	3	8
557494	Excel Home Health	La Mesa	CA	4	1
058146	Valley Care Home Health Services, Inc.	Temecula	CA	4	2
557280	Dynamic Home Care	Sherman Oaks	CA	4	3
557747	Asian Network Pacific Home Care, Inc.	Oakland	CA	4	4
057763	Hi-Desert Home Health Services	Joshua Tree	CA	4	5

Home Health Pay-for-Performance (HHP4P) Demonstration - Year 1 Results
TOP PERFORMERS - sorted by region, then score within state

*MEASURE = STATUS OF SURGICAL WOUNDS

CCN	HHA Name	HHA City	HHA State	Region	Performance State Rank
057755	Sierra Nevada Memorial Home Care, Inc.	Grass Valley	CA	4	6
057704	Mercy Memorial Home Health	Bakersfield	CA	4	7
057447	Reliance Home Health Services	Paramount	CA	4	8
058032	Progressive 2000 Home Health Care	Los Angeles	CA	4	9
557473	Home Health Integrated Services, Inc.	Burbank	CA	4	10
058254	Angel City Family Care Services, Inc.	Cerritos	CA	4	11

NOTES:

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Home Health Pay-for-Performance (HHP4P) Demonstration - Year 1 Results
TOP IMPROVERS - sorted by region, then rate of improvement within state

MEASURE =STATUS OF SURGICAL WOUNDS

CCN	HHA Name	HHA City	HHA State	Region	Improvement State Rank
077006	VNA Community Healthcare, Inc	Guilford	CT	1	1
077118	Naugatuck Visiting Nurses Association	Naugatuck	CT	1	2
227082	South Shore Visiting Nurse Association	Braintree	MA	1	1
147490	Alterna-Care, Inc.	Springfield	IL	2	1
147484	Sherman Home Care Partners	Elgin	IL	2	2
147048	Home Health Services of CHO	Ottawa	IL	2	3
147175	Crawford Memorial Home Health	Robinson	IL	2	4
017134	Mizell Memorial Hospital HomeCare, LLC	Opp	AL	3	1
017148	Thomas Home Health, LLC	Daphne	AL	3	2
117067	Interim Healthcare of Atlanta, Inc.	Atlanta	GA	3	1
117139	Guardian Home Care of Northeast Georgia	Gainesville	GA	3	2
117319	Tanner Home Health Services	Carrollton	GA	3	3
447150	St. Mary's Home Care Services	Knoxville	TN	3	1
447152	NHC Homecare - Milan	Milan	TN	3	2
058264	American Health Associates, Inc.	Bakersfield	CA	4	1
557171	Interim Healthcare	Modesto	CA	4	2
557479	Pegasus HH Care	Glendale	CA	4	3
057570	Self Help Home Care & Hospice	San Francisco	CA	4	4

NOTES:

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Home Health Pay-for-Performance (HHP4P) Demonstration - Year 1 Results

TOP PERFORMERS - sorted by region, then score within state

MEASURE = MEDICATION MANAGEMENT

CCN	HHA Name	HHA City	HHA State	Region	Performance State Rank
077063	New Milford VNA, Inc.	New Milford	CT	1	1
077085	VNA Health at Home, Inc.	Watertown	CT	1	2
077026	VNA of Central Connecticut, Inc.	New Britain	CT	1	3
077006	VNA Community Healthcare, Inc	Guilford	CT	1	4
077166	McLean Home Care & Hospice	Simsbury	CT	1	5
227028	Chicopee VNA	Chicopee	MA	1	1
227475	Medical Resources Home Health Corp.	Newton	MA	1	2
227091	VNA of Middlesex East	Wakefield	MA	1	3
227283	Whittier Home Health Care Agency	Haverhill	MA	1	4
227207	Partners Home Care, Inc.	Waltham	MA	1	5
147751	Excellent Home Health Care, Inc.	Skokie	IL	2	1
147684	Sigma Home Services	Skokie	IL	2	2
147794	Assure Home Healthcare, Inc.	Skokie	IL	2	3
147407	Dyna Care Home Health of Hinsdale, an Amedisys Company	Hinsdale	IL	2	4
147503	Heartland Home Nursing Inc.	Sterling	IL	2	5
147702	CJE Home Health	Chicago	IL	2	6
147093	Delnor Community Hospital Home Health Services	Saint Charles	IL	2	7
147430	OSF St. Mary Home Health	Galesburg	IL	2	8
147129	Amedisys Home Health of Oak Park	Oak Park	IL	2	9
147271	OSF Saint Anthony Home Health	Rockford	IL	2	10
147770	Rosner Home Health Care, Inc.	Lincolnwood	IL	2	11
147150	Advocate Home Health Care Services	Oak Brook	IL	2	12
017091	Hale County Hospital Home Health	Greensboro	AL	3	1
017125	Keller Home Healthcare and Hospice	Red Bay	AL	3	2
017143	D. W. McMillan Memorial Hospital	Brewton	AL	3	3
017158	Amedisys Home Health of Fort Payne	Fort Payne	AL	3	4
017070	Amedisys Home Health of Mobile	Mobile	AL	3	5
017135	Community Home Care	Tallassee	AL	3	6
117126	Medside Corporation	Atlanta	GA	3	1
117050	Central Home Health Care, an Amedisys Company	Douglasville	GA	3	2
117023	Central Georgia Home Health	Macon	GA	3	3
117088	St. Joseph's / Candler Home Healthcare, Inc.	Brunswick	GA	3	4
117041	Coosa Valley Home Health, an Amedisys Company	Rome	GA	3	5
117093	Amedisys Home Health of Macon	Macon	GA	3	6
447225	University Home Health, LLC DBA CareAll HomeCare	Martin	TN	3	1
447519	CMC Home Care	Crossville	TN	3	2
447408	Maury Regional Home Services	Columbia	TN	3	3
447152	NHC Homecare - Milan	Milan	TN	3	4
447505	Amedisys Home Health Care	Elizabethton	TN	3	5
447206	Amedisys Home Care	Nashville	TN	3	6
447513	Home Care Solutions	Nashville	TN	3	7
447474	Sumner Home Care and Hospice, LLC	Carthage	TN	3	8

Home Health Pay-for-Performance (HHP4P) Demonstration - Year 1 Results**TOP PERFORMERS - sorted by region, then score within state**

MEASURE = MEDICATION MANAGEMENT

CCN	HHA Name	HHA City	HHA State	Region	Performance State Rank
447566	Guardian Home Care	Franklin	TN	3	9
058315	American Care Quest, Inc	San Francisco	CA	4	1
057447	Reliance Home Health Services	Paramount	CA	4	2
057763	Hi-Desert Home Health Services	Joshua Tree	CA	4	3
557747	Asian Network Pacific Home Care, Inc.	Oakland	CA	4	4
557685	New Dimension HC	Alhambra	CA	4	5
057537	Adventist Health/Home Care Services	Simi Valley	CA	4	6
557576	Interlink Health Care, Inc.	Covina	CA	4	7
057445	Accredited Home Health Services	Woodland Hills	CA	4	8
057433	AC Home Health Agency, Inc.	Los Angeles	CA	4	9
057704	Mercy Memorial Home Health	Bakersfield	CA	4	10
057567	PEC Healthcare & Hospice	Garden Grove	CA	4	11
057627	Providence Home Care	Burbank	CA	4	12
557541	Hygieia Home Healthcare, Inc.	Artesia	CA	4	13

NOTES:

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Home Health Pay-for-Performance (HHP4P) Demonstration - Year 1 Results
TOP IMPROVERS - sorted by region, then rate of Improvement within state

MEASURE = MEDICATION MANAGEMENT

CCN	HHA Name	HHA City	HHA State	Region	Improvement State Rank
077224	Mercy Community Home Care Services, Inc.	West Hartford	CT	1	1
077234	Bayada Nurses, Inc.	Norwalk	CT	1	2
227251	Centrus Premier Home Care	Plymouth	MA	1	1
227269	Caretenders of Boston	Newton	MA	1	2
147896	Ever Caring Home Health Nursing Agency	Chicago	IL	2	1
147597	Nursing Resource Home Health, Inc.	Harwood Heights	IL	2	2
147571	Hospital Home Health	Anna	IL	2	3
147562	CGH Home Nursing	Sterling	IL	2	4
017119	HGA HomeCare, LLC	Huntsville	AL	3	1
017097	Clay County Hospital Home Care, LLC	Ashland	AL	3	2
117129	United Home Care of North Georgia	Cleveland	GA	3	1
117074	Altamaha Homecare, Inc.	Baxley	GA	3	2
447405	Clinch River Home Health, Inc.	Clinton	TN	3	1
447126	NHC Homecare - Chattanooga	Hixson	TN	3	2
557519	Tulare Home Care	Tulare	CA	4	1
058146	Valley Care Home Health Services, Inc.	Temecula	CA	4	2
557001	Fallbrook Hospital Home Health	Fallbrook	CA	4	3
058128	Lifeline At Home	Arcadia	CA	4	4

NOTES:

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Home Health Pay-for-Performance (HHP4P) Demonstration - Year 1 Results

TOP PERFORMERS - sorted by region, then score within state

MEASURE = AMBULATION

CCN	HHA Name	HHA City	HHA State	Region	Performance State Rank
077079	Visiting Nurses of The Lower Valley	Centerbrook	CT	1	1
077017	VNA East, Inc.	Mansfield Center	CT	1	2
077063	New Milford VNA, Inc.	New Milford	CT	1	3
077001	Stratford VNA	Stratford	CT	1	4
077224	Mercy Community Home Care Services, Inc.	West Hartford	CT	1	5
227028	Chicopee VNA	Chicopee	MA	1	1
227091	VNA of Middlesex East	Wakefield	MA	1	2
227283	Whittier Home Health Care Agency	Haverhill	MA	1	3
227122	Berkshire Visiting Nurse Association	Pittsfield	MA	1	4
227061	Hallmark Health VNA, Inc.	Malden	MA	1	5
147751	Excellent Home Health Care, Inc.	Skokie	IL	2	1
147684	Sigma Home Services	Skokie	IL	2	2
147794	Assure Home Healthcare, Inc.	Skokie	IL	2	3
147407	Dyna Care Home Health of Hinsdale, an Amedisys Company	Hinsdale	IL	2	4
147770	Rosner Home Health Care, Inc.	Lincolnwood	IL	2	5
147072	Mt. Sinai Hospital Home Health	Chicago	IL	2	6
147070	Menard County Health Department	Petersburg	IL	2	7
147048	Home Health Services of CHO	Ottawa	IL	2	8
147666	Samland Health Care, Inc.	Chicago	IL	2	9
147819	Greatland Home Health Services	Naperville	IL	2	10
147448	SwedishAmerican Home Health	Rockford	IL	2	11
147430	OSF St. Mary Home Health	Galesburg	IL	2	12
147093	Delnor Community Hospital Home Health Services	Saint Charles	IL	2	13
017091	Hale County Hospital Home Health	Greensboro	AL	3	1
017158	Amedisys Home Health of Fort Payne	Fort Payne	AL	3	2
017125	Keller Home Healthcare and Hospice	Red Bay	AL	3	3
017320	Amedisys Home Health of Selma	Selma	AL	3	4
017155	Alacare Home Health Services, Inc. Mobile	Mobile	AL	3	5
017327	Amedisys Home Health of Walker	Jasper	AL	3	6
117126	Medside Corporation	Atlanta	GA	3	1
117050	Central Home Health Care, an Amedisys Company	Douglasville	GA	3	2
117143	St. Joseph's / Candler Home Healthcare, Inc.	Savannah	GA	3	3
117041	Coosa Valley Home Health, an Amedisys Company	Rome	GA	3	4
117088	St. Joseph's / Candler Home Healthcare, Inc.	Brunswick	GA	3	5
117023	Central Georgia Home Health	Macon	GA	3	6
447519	CMC Home Care	Crossville	TN	3	1
447408	Maury Regional Home Services	Columbia	TN	3	2
447238	Amedisys Home Care	Winchester	TN	3	3
447260	Amedisys Home Health	Livingston	TN	3	4
447566	Guardian Home Care	Franklin	TN	3	5
447206	Amedisys Home Care	Nashville	TN	3	6
147505	Amedisys Home Health Care	Elizabethton	TN	3	7

Home Health Pay-for-Performance (HHP4P) Demonstration - Year 1 Results
TOP PERFORMERS - sorted by region, then score within state

MEASURE = AMBULATION

CCN	HHA Name	HHA City	HHA State	Region	Performance State Rank
447551	Home Care Solutions	Ooltewah	TN	3	8
447513	Home Care Solutions	Nashville	TN	3	9
447559	Guardian Home Care, LLC	Hixson	TN	3	10
057447	Reliance Home Health Services	Paramount	CA	4	1
557747	Asian Network Pacific Home Care, Inc.	Oakland	CA	4	2
557576	Interlink Health Care, Inc.	Covina	CA	4	3
557519	Tulare Home Care	Tulare	CA	4	4
057704	Mercy Memorial Home Health	Bakersfield	CA	4	5
057763	Hi-Desert Home Health Services	Joshua Tree	CA	4	6
057537	Adventist Health/Home Care Services	Simi Valley	CA	4	7
057445	Accredited Home Health Services	Woodland Hills	CA	4	8
058315	American Care Quest, Inc	San Francisco	CA	4	9
058067	Millennia Healthcare Corp.	Los Angeles	CA	4	10
057433	AC Home Health Agency, Inc.	Los Angeles	CA	4	11
557541	Hygieia Home Healthcare, Inc.	Artesia	CA	4	12
058233	Compassionate Care Home Health Agency	Fresno	CA	4	13

NOTES:

- (1) An agency's rankings reflects its performance relative to all treatment group providers in its state.
 (2) Issuance of incentive payments to a provider is contingent on the demonstration creating Medicare savings in the agency's region to fund those payments. Agencies identified as the highest performers and highest improvers in Region 2 (Midwest) did not receive incentive payments for Year 1 because no Medicare savings were identified in that region in Year 1.

Home Health Pay-for-Performance (HHP4P) Demonstration - Year 1 Results
TOP IMPROVERS - sorted by region, then rate of improvement within state

MEASURE = AMBULATION

CCN	HHA Name	HHA City	HHA State	Region	Improvement State Rank
077225	Visiting Nurse Services, Inc of Southern CT	Hamden	CT	1	1
077198	Bristol Hospital Home Care	Bristol	CT	1	2
227050	Metrowest HomeCare	Framingham	MA	1	1
227011	Baystate Visiting Nurse Association & Hospice	Springfield	MA	1	2
147503	Heartland Home Nursing Inc.	Sterling	IL	2	1
147476	Williamson County Programs On Aging	Herrin	IL	2	2
147870	1st Home Healthcare, Inc.	Chicago	IL	2	3
147490	Alterna-Care, Inc.	Springfield	IL	2	4
147289	Caretenders Visiting Services of So. IL	Swansea	IL	2	5
017143	D. W. McMillan Memorial Hospital	Brewton	AL	3	1
017016	Southeast AL Medical Center Home Health	Dothan	AL	3	2
017097	Clay County Hospital Home Care, LLC	Ashland	AL	3	3
117317	Charlton Visiting Nurses Service	Nahunta	GA	3	1
117074	Altamaha Homecare, Inc.	Baxley	GA	3	2
447214	Procare Home Health Services	Johnson City	TN	3	1
447126	NHC Homecare - Chattanooga	Hixson	TN	3	2
447499	Henry County Medical Center Home Health	Paris	TN	3	3
058128	Lifeline At Home	Arcadia	CA	4	1
058254	Angel City Family Care Services, Inc.	Cerritos	CA	4	2
557041	Sonoma Valley Hosp H C Program	Sonoma	CA	4	3
058293	Benefrance Home Health Services, Inc.	Chino	CA	4	4

NOTES:

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Home Health Pay-for-Performance (HHP4P) Demonstration - Year 1 Results
TOP PERFORMERS - sorted by region, then score within state

MEASURE = TRANSFERRING

CCN	HHA Name	HHA City	HHA State	Region	Performance State Rank
077079	Visiting Nurses of The Lower Valley	Centerbrook	CT	1	1
077224	Mercy Community Home Care Services, Inc.	West Hartford	CT	1	2
077042	Greater Bristol VNA, Inc.	Bristol	CT	1	3
077063	New Milford VNA, Inc.	New Milford	CT	1	4
077166	McLean Home Care & Hospice	Simsbury	CT	1	5
227028	Chicopee VNA	Chicopee	MA	1	1
227116	Quaboag Valley VNA / Wing Memorial Hosp. Corp.	Palmer	MA	1	2
227475	Medical Resources Home Health Corp.	Newton	MA	1	3
227091	VNA of Middlesex East	Wakefield	MA	1	4
227061	Hallmark Health VNA, Inc.	Malden	MA	1	5
147751	Excellent Home Health Care, Inc.	Skokie	IL	2	1
147072	Mt. Sinai Hospital Home Health	Chicago	IL	2	2
147684	Sigma Home Services	Skokie	IL	2	3
147794	Assure Home Healthcare, Inc.	Skokie	IL	2	4
147703	At Home Care, Inc.	Charleston	IL	2	5
147221	Cass County Home Health Agency	Virginia	IL	2	6
147726	Girling Health Care, Inc.	North Riverside	IL	2	7
147708	VNA Home Health of Illinois, Ltd	Morton Grove	IL	2	8
147086	Clay Home Health Services	Flora	IL	2	9
147112	VNA HomeCare, Inc.	Herrin	IL	2	10
147070	Menard County Health Department	Petersburg	IL	2	11
147175	Crawford Memorial Home Health	Robinson	IL	2	12
147129	Amedisys Home Health of Oak Park	Oak Park	IL	2	13
017091	Hale County Hospital Home Health	Greensboro	AL	3	1
017157	Amedisys Home Health of Opelika	Opelika	AL	3	2
017158	Amedisys Home Health of Fort Payne	Fort Payne	AL	3	3
017326	Alacare Home Health Services, Inc. Decatur	Decatur	AL	3	4
017143	D. W. McMillan Memorial Hospital	Brewton	AL	3	5
017129	Home Care of East Alabama Med Ctr	Auburn	AL	3	6
117126	Medside Corporation	Atlanta	GA	3	1
117143	St. Joseph's / Candler Home Healthcare, Inc.	Savannah	GA	3	2
117023	Central Georgia Home Health	Macon	GA	3	3
117074	Altamaha Homecare, Inc.	Baxley	GA	3	4
117088	St. Joseph's / Candler Home Healthcare, Inc.	Brunswick	GA	3	5
117092	United Home Care of South Atlanta	Griffin	GA	3	6
447519	CMC Home Care	Crossville	TN	3	1
447152	NHC Homecare - Milan	Milan	TN	3	2
447474	Sumner Home Care and Hospice, LLC	Carthage	TN	3	3
447107	Amedisys Home Health of Nashville (Glen Echo)	Nashville	TN	3	4
447214	Procare Home Health Services	Johnson City	TN	3	5
447466	Lifeline Home Health Care of Springfield, LLC	Springfield	TN	3	6
447408	Maury Regional Home Services	Columbia	TN	3	7

Home Health Pay-for-Performance (HHP4P) Demonstration - Year 1 Results
TOP PERFORMERS - sorted by region, then score within state

MEASURE = TRANSFERRING

CCN	HHA Name	HHA City	HHA State	Region	Performance State Rank
447150	St. Mary's Home Care Services	Knoxville	TN	3	8
447566	Guardian Home Care	Franklin	TN	3	9
447505	Amedisys Home Health Care	Elizabethton	TN	3	10
057763	Hi-Desert Home Health Services	Joshua Tree	CA	4	1
557519	Tulare Home Care	Tulare	CA	4	2
057447	Reliance Home Health Services	Paramount	CA	4	3
557747	Asian Network Pacific Home Care, Inc.	Oakland	CA	4	4
058164	Vision Home Health Care, Inc.	Riverside	CA	4	5
057537	Adventist Health/Home Care Services	Simi Valley	CA	4	6
057205	St. Elizabeth Comm Hosp HHA	Red Bluff	CA	4	7
557715	South Coast Medical Center Home Care	Laguna Beach	CA	4	8
057704	Mercy Memorial Home Health	Bakersfield	CA	4	9
057761	AccentCare Home Health of California, Inc.	Burbank	CA	4	10
058315	American Care Quest, Inc	San Francisco	CA	4	11
557541	Hygieia Home Healthcare, Inc.	Artesia	CA	4	12
557576	Interlink Health Care, Inc.	Covina	CA	4	13

NOTES:

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Home Health Pay-for-Performance (HHP4P) Demonstration - Year 1 Results
TOP IMPROVERS - sorted by region, then rate of improvement within state

MEASURE = TRANSFERRING

CCN	HHA Name	HHA City	HHA State	Region	Improvement State Rank
077120	Connecticut VNA Partners, Inc.	East Hartford	CT	1	1
227003	Gardner VNA	Gardner	MA	1	1
227251	Centrus Premier Home Care	Plymouth	MA	1	2
147934	Prohealth Homecare, LLC	Lincolnwood	IL	2	1
147407	Dyna Care Home Health of Hinsdale, an Amedisys Company	Hinsdale	IL	2	2
147490	Alterna-Care, Inc.	Springfield	IL	2	3
147093	Delnor Community Hospital Home Health Services	Saint Charles	IL	2	4
017097	Clay County Hospital Home Care, LLC	Ashland	AL	3	1
017016	Southeast AL Medical Center Home Health	Dothan	AL	3	2
117050	Central Home Health Care, an Amedisys Company	Douglasville	GA	3	1
447126	NHC Homecare - Chattanooga	Hixson	TN	3	1
447124	Senior Services Home Health	Memphis	TN	3	2
447564	Home Health Care of West TN, Inc.	Bartlett	TN	3	3
058086	St. Clare's Home Care, Inc.	Anaheim	CA	4	1
058067	Millennia Healthcare Corp.	Los Angeles	CA	4	2
058052	Catholic Healthcare West - Dominican Home Health	Santa Cruz	CA	4	3
057695	VNA of The Central Valley	Modesto	CA	4	4

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Home Health Pay-for-Performance (HHP4P) Demonstration - Year 1 Results
TOP PERFORMERS - sorted by region, then score within state

MEASURE = **BATHING**

CCN	HHA Name	HHA City	HHA State	Region	Performance State Rank
077079	Visiting Nurses of The Lower Valley	Centerbrook	CT	1	1
077063	New Milford VNA, Inc.	New Milford	CT	1	2
077234	Bayada Nurses, Inc.	Norwalk	CT	1	3
077166	McLean Home Care & Hospice	Simsbury	CT	1	4
077006	VNA Community Healthcare, Inc	Guilford	CT	1	5
227028	Chicopee VNA	Chicopee	MA	1	1
227050	Metrowest HomeCare	Framingham	MA	1	2
227475	Medical Resources Home Health Corp.	Newton	MA	1	3
227091	VNA of Middlesex East	Wakefield	MA	1	4
227207	Partners Home Care, Inc.	Waltham	MA	1	5
147751	Excellent Home Health Care, Inc.	Skokie	IL	2	1
147684	Sigma Home Services	Skokie	IL	2	2
147770	Rosner Home Health Care, Inc.	Lincolnwood	IL	2	3
147794	Assure Home Healthcare, Inc.	Skokie	IL	2	4
147819	Greatland Home Health Services	Naperville	IL	2	5
147897	Medical City Home Health Corporation	Cicero	IL	2	6
147503	Heartland Home Nursing Inc.	Sterling	IL	2	7
147896	Ever Caring Home Health Nursing Agency	Chicago	IL	2	8
147072	Mt. Sinai Hospital Home Health	Chicago	IL	2	9
147093	Delnor Community Hospital Home Health Services	Saint Charles	IL	2	10
147666	Samland Health Care, Inc.	Chicago	IL	2	11
147407	Dyna Care Home Health of Hinsdale, an Amedisys Company	Hinsdale	IL	2	12
147129	Amedisys Home Health of Oak Park	Oak Park	IL	2	13
017091	Hale County Hospital Home Health	Greensboro	AL	3	1
017158	Amedisys Home Health of Fort Payne	Fort Payne	AL	3	2
017125	Keller Home Healthcare and Hospice	Red Bay	AL	3	3
017320	Amedisys Home Health of Selma	Selma	AL	3	4
017143	D. W. McMillan Memorial Hospital	Brewton	AL	3	5
017070	Amedisys Home Health of Mobile	Mobile	AL	3	6
117126	Medside Corporation	Atlanta	GA	3	1
117050	Central Home Health Care, an Amedisys Company	Douglasville	GA	3	2
117041	Coosa Valley Home Health, an Amedisys Company	Rome	GA	3	3
117093	Amedisys Home Health of Macon	Macon	GA	3	4
117143	St. Joseph's / Candler Home Healthcare, Inc.	Savannah	GA	3	5
117023	Central Georgia Home Health	Macon	GA	3	6
447107	Amedisys Home Health of Nashville (Glen Echo)	Nashville	TN	3	1
447408	Maury Regional Home Services	Columbia	TN	3	2
447519	CMC Home Care	Crossville	TN	3	3
447505	Amedisys Home Health Care	Elizabethton	TN	3	4
447206	Amedisys Home Care	Nashville	TN	3	5
447238	Amedisys Home Care	Winchester	TN	3	6
447271	Maxlife At Home of Tennessee, LLC DBA CareAll Homecare	Columbia	TN	3	7

Home Health Pay-for-Performance (HHP4P) Demonstration - Year 1 Results
TOP PERFORMERS - sorted by region, then score within state

MEASURE = BATHING

CCN	HHA Name	HHA City	HHA State	Region	Performance State Rank
447422	Amedisys Home Health	Johnson City	TN	3	8
447559	Guardian Home Care, LLC	Hixson	TN	3	9
447558	Amedisys Home Health of Nashville (Cumberland Bend)	Nashville	TN	3	10
557747	Asian Network Pacific Home Care, Inc.	Oakland	CA	4	1
057447	Reliance Home Health Services	Paramount	CA	4	2
557576	Interlink Health Care, Inc.	Covina	CA	4	3
057704	Mercy Memorial Home Health	Bakersfield	CA	4	4
057433	AC Home Health Agency, Inc.	Los Angeles	CA	4	5
557519	Tulare Home Care	Tulare	CA	4	6
557479	Pegasus HH Care	Glendale	CA	4	7
057755	Sierra Nevada Memorial Home Care, Inc.	Grass Valley	CA	4	8
057537	Adventist Health/Home Care Services	Simi Valley	CA	4	9
057763	Hi-Desert Home Health Services	Joshua Tree	CA	4	10
557541	Hygieia Home Healthcare, Inc.	Artesia	CA	4	11
557473	Home Health Integrated Services, Inc.	Burbank	CA	4	12
058233	Compassionate Care Home Health Agency	Fresno	CA	4	13

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Home Health Pay-for-Performance (HHP4P) Demonstration - Year 1 Results
TOP IMPROVERS - sorted by region, then rate of improvement within state

MEASURE = BATHING

CCN	HHA Name	HHA City	HHA State	Region	Improvement State Rank
077001	Stratford VNA	Stratford	CT	1	1
227283	Whittier Home Health Care Agency	Haverhill	MA	1	1
227011	Baystate Visiting Nurse Association & Hospice	Springfield	MA	1	2
147870	1st Home Healthcare, Inc.	Chicago	IL	2	1
147660	Professional Home Care Advantage, Inc.	Calumet City	IL	2	2
147221	Cass County Home Health Agency	Virginia	IL	2	3
147679	Heartland Home Health Care	Frankfort	IL	2	4
017097	Clay County Hospital Home Care, LLC	Ashland	AL	3	1
017016	Southeast AL Medical Center Home Health	Dothan	AL	3	2
117316	Atkinson Visiting Nurses Service	Pearson	GA	3	1
117129	United Home Care of North Georgia	Cleveland	GA	3	2
447264	Hardin County General Hospital Home Health	Savannah	TN	3	1
447152	NHC Homecare - Milan	Milan	TN	3	2
447551	Home Care Solutions	Ooltewah	TN	3	3
058315	American Care Quest, Inc	San Francisco	CA	4	1
057774	Ramona Community Service Corporation	Hemet	CA	4	2
058254	Angel City Family Care Services, Inc.	Cerritos	CA	4	3
058067	Millennia Healthcare Corp.	Los Angeles	CA	4	4

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